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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 1: MISSION, VISION, GOALS AND GOALS SCORE VALUES OF THE MAINE EMS SYSTEM

§1. ~~Mission of System~~

The Legislature of the State of Maine created the EMS Act to "promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care...with standards for all providers...." The Maine EMS system consists of emergency medical dispatchers, ~~pre~~out-of-hospital and hospital patient care providers, system planners, and system coordinators. It is their mission to provide emergency patient care, enforce minimum baseline standards and encourage optimum standards. Maine EMS system personnel in every capacity and position in the system, whether paid or volunteer, will be respected as professionals and judged by professional standards for that capacity or position.

§2. ~~Mission of Maine EMS~~ Vision

~~It is the mission of~~ Maine EMS' vision is to ~~assure~~ensure the successful operation of the Maine EMS system through planning, evaluation, coordination, facilitation, and only as a last resort, regulation. To this end, Maine EMS and its regional councils will coordinate and facilitate the establishment of standards by consensus of EMS system personnel and will promote and enforce those standards. Maine EMS will strive to facilitate the operation of this system and its personnel through the coordination of provider services and personnel, promotion of the system and recognition of the importance of volunteers to the system. Maine EMS will develop resources to improve the professional capabilities of team members and to make EMS work safe, healthful, and satisfying.

§3. ~~Maine EMS Goals~~ Goals and Core Values

~~Maine EMS shall pursue those goals as set forth and approved by the Board within the Maine EMS Strategic Plan.~~

1. Maine EMS will fulfill its mission and pursue its vision in accordance with the Maine EMS work plan and the following core values:

- A. Excellence in ~~out of~~ out of -hospital care
- B. Support and guidance to system ~~providers and~~ providers and organizations
- C. Collaboration and coordination with the overarching health care system
- D. Integrity, transparency, and ~~equanimity~~ fairness of motives and actions

AUTHORITY: 32 M.R.S.A. M.R.S., Chapter 2-B.

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119  
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123 11.1067  
124 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
125 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
126 September 1, 1986  
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 2: DEFINITIONS

As used in these Rules, unless the context indicates otherwise, the following terms have the following meanings:

§1. **ADVANCED EMERGENCY MEDICAL TREATMENT** means those portions of emergency medical treatment:

- A. Defined by the board to be advanced; and
- B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:
  - (1) An appropriate physician; or
  - (2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person.

§2. **AMBULANCE** means any vehicle, whether an air, ground or water vehicle, that is designed, constructed, or routinely used or intended to be used for the transportation of ill or injured persons. The licensing of these vehicles is in addition to any registration required by any other authorities. For the purposes of these Rules, vehicles operated by the Maine Army National Guard, Maine Air National Guard or the United States armed forces are not considered ambulances.

§3. **AMBULANCE SERVICE** means any person, persons or organization, which holds itself out to be a provider of transportation for ill or injured persons or which routinely provides transportation for ill or injured persons. For the purposes of these Rules, the Maine Army National Guard, Maine Air National Guard and the United States armed forces are not considered ambulance services. It does not mean a person, persons, or an organization which transports ill or injured persons for reasons not connected with their illness or injury. It does not mean a nursing home licensed under 22 M.R.S.A.M.R.S. chapter 405, a children's home licensed under 22 M.R.S.A.M.R.S. chapter 1669, a boarding home licensed under 22 M.R.S.A.M.R.S. chapter 1663, or similar residential facility when transporting its own residents or those of another similarly licensed facility when those residents do not require emergency medical treatment. The types of Ambulance Services licensed by Maine EMS are listed below:

1. **Ground Ambulance Services** are those services licensed by the Board that treat patients and transport them in ambulance vehicles that are licensed by the Board and are designed to be operated on the roads and highways of the State.
2. **Scene Response Air Ambulance Services** are those services licensed by the Board that transport patients, utilizing aircraft licensed by the Board, from the scene of the

180 patient's illness or injury to the hospital or provide air transfer of patients being  
 181 transferred from a hospital or health care facility to another place.

182  
 183 3. **Transfer Air Ambulance Services** are those services licensed by the Board that  
 184 transport patients utilizing aircraft licensed by the Board and that may only provide  
 185 air transfer of patients being transferred from a hospital or health care facility to  
 186 another place.

187  
 188 4. **Restricted Response Air Ambulance Services (RRAAS)** are those services  
 189 licensed by the Board and that utilize aircraft licensed by the Board to provide  
 190 limited air ambulance services in order to meet a need within the State not otherwise  
 191 fulfilled by a Scene Response Air Ambulance Service or a Transfer Air Ambulance  
 192 Service.

193  
 194 §4. **BASE LOCATION** has the following meanings dependent upon the type of service  
 195 license held:

196  
 197 1. For services licensed as Ground Ambulance Services, ~~or~~, Scene Response Air  
 198 Ambulance Services or Restricted Response Air Ambulance Services, Base  
 199 Location means the physical location within a municipality, designated by the  
 200 service and approved by the Board, from which a service responds its ambulances  
 201 ~~to the service's Primary Response Area(s).~~

202  
 203 Ground Ambulance Services may position ambulances within municipalities abutting the  
 204 municipality in which the Base Location is situated, for the purpose of enhancing  
 205 emergency response.

206  
 207 ~~1.2.~~ For Non-Transporting Services or Transfer Air Ambulance Services, Base Location  
 208 means that the service maintains a single phone listing for public access.

209  
 210 §5. **BASIC EMERGENCY MEDICAL TREATMENT** means those portions of  
 211 emergency medical treatment:

212 A. Defined by the board to be basic; and

213 B. That the board determines may be performed by persons licensed under ~~this chapter~~<sup>32</sup>  
 214 M.R.S. Chapter 2-B within a system of emergency care approved by the board when acting  
 215 under the supervision of:

216 (1) An appropriate physician; or

217 (2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a  
 218 hospital to supervise and direct the actions of an emergency medical services person.

219  
 220 §6. **BOARD** means the Emergency Medical Services Board established pursuant to 32  
 221 ~~M.R.S.A.~~M.R.S. Chapter 2-B, § 88.

223 §7. **BOARD APPROVAL.** When no other method of gaining Board approval is specified,  
 224 the person who seeks the approval shall apply in writing to the chairperson of the Board in care  
 225 of the office of Maine Emergency Medical Services, stating the action to be considered, the  
 226 section in the Rules under which approval is sought and the grounds in support of the request.  
 227

228 §8. **CERTIFICATE** means a document issued as evidence that a person has completed a  
 229 course of training or a particular test or recertification.  
 230

231 §9. **CPR CERTIFICATION**~~Training~~**TRAINING** means ~~successful~~ completion of a ~~Maine~~  
 232 ~~EMS approved~~ Cardio-Pulmonary Resuscitation (CPR) program, ~~or equivalent~~. This is  
 233 interpreted to include semiautomatic defibrillation when that module is successfully completed.  
 234

235 ~~1. CPR certification is valid until the expiration date, or recommended renewal date, of~~  
 236 ~~the document recognized as proof of certification.~~  
 237

238 §10. **DEPARTMENT** means the Maine Department of Public Safety.  
 239

240 ~~§11. **EMERGENCY MEDICAL CALL** means a~~  
 241 ~~medical situation in which requiring an immediate response to a scene is required in order to~~  
 242 ~~prevent life or limb threatening medical deterioration of a person requiring emergency medical~~  
 243 ~~treatment patient or a situation when dispatch or responding personnel do not have information to~~  
 244 ~~determine the existence or condition of persons at a scene who may require emergency medical~~  
 245 ~~treatment. means any actual or perceived event which threatens the life, limb, or well-being of an~~  
 246 ~~individual in such a manner that a need for emergency medical treatment is created.~~  
 247

248  
 249 ~~§11.~~§12. **EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE**  
 250 **SYSTEM** means a system approved by the Emergency Services Communications Bureau and  
 251 the board that includes:  
 252

- 253 1. A protocol for emergency medical dispatcher response to calls;
- 254
- 255 2. A continuous quality improvement program that measures compliance with the
- 256 protocol through ongoing random case review of each emergency medical
- 257 dispatcher; and
- 258
- 259 3. A training curriculum and testing process consistent with the protocol.  
 260

261 ~~§12.~~§13. **EMERGENCY MEDICAL DISPATCH CENTER** means any entity that holds  
 262 itself out to be a provider of emergency medical dispatch services.  
 263

264 ~~§13.~~§14. **EMERGENCY MEDICAL DISPATCH SERVICES** means any of the  
 265 following services ~~provided~~ provided in the context of an emergency call made to the E-9-1-1  
 266 system:  
 267

- 268 1. Reception, evaluation or processing of calls;

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2. Provision of dispatch life support;
3. Management of requests for emergency medical assistance; and
4. Evaluation or improvement of the emergency medical dispatch process, including identifying the nature of an emergency request, prioritizing the urgency of a request, dispatching necessary resources, providing medical aid and safety instructions to the caller and coordinating the responding resources as needed.

**§14. §15. EMERGENCY MEDICAL DISPATCHER** means a person licensed by the Board who provides emergency medical dispatch services as a member of an emergency medical dispatch center licensed by the Board.

**§15. §16. EMERGENCY MEDICAL SERVICES PERSON** means any person who routinely provides emergency medical treatment to the sick ~~and~~or injured. The following persons are not considered to be routinely providing emergency medical treatment for the purpose of these Rules and may provide emergency medical treatment only as specified below when called upon

1. Those persons as specified in 32 ~~M.R.S.A.~~M.R.S. § 82(2) subject to any restrictions stated in that section;
2. Any person having ~~current~~ CPR ~~certification training~~or hemorrhage control training, for the purpose of providing ~~CPR~~those skills within the scope of that ~~certification training~~;
3. Any person who provides automatic external defibrillation in accordance with 22 ~~M.R.S.A.~~M.R.S. § 2150-C;
4. Any student currently enrolled in a course leading to licensure may practice procedures learned in that course when that student:
  - A. Has received permission to practice those procedures from the ~~Instructor/Coordinator of the course~~Maine EMS authorized Training Center conducting the course;
  - B. Is participating in a scheduled field internship session approved by the course's clinical coordinator;
  - C. Is practicing those procedures with a Maine EMS-licensed service that complies with guidelines as developed by Maine EMS to conduct field internship sessions; and,
  - D. Is supervised by a preceptor licensed to perform those procedures and who is acting in accordance with any requirements or guidelines as approved and published by Maine EMS.



If such a person is also licensed under these Rules, any emergency medical treatment he/she provides that is within the scope of his/her license will be considered as routine and not subject to such supervision.

~~5.—Any person operating as a member of a police, fire, ambulance or non-transporting EMS service who has current CPR certification and who, within the past three years, has completed a Maine EMS approved training program in cardio-pulmonary resuscitation CPR and automatic external defibrillation (AED), hemorrhage control and oxygen delivery during CPR and whose service maintains a record of such certification and training, may provide emergency medical treatment within the scope of that training program and certification at the scene of a medical emergency to which that service has been called.~~

**§16;§17. EMERGENCY MEDICAL SERVICES VEHICLE** means a vehicle, authorized by Maine EMS pursuant to 29-A ~~M.R.S.A.~~M.R.S. § 2054, for the purpose of transporting personnel and/or equipment to the scene of a medical emergency that is not otherwise licensed as an ambulance or registered as a fire department vehicle. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

**§17;§18. EMERGENCY MEDICAL TREATMENT** means those skills, techniques and judgments, as defined by the Board, which are directed to maintaining, improving or preventing deterioration of the medical condition of the patient and which are appropriate to be delivered by trained persons at the scene of a patient's illness or injury outside the hospital and during transportation to the hospital.

**§18;§19. EMERGENCY RESPONSE MODE** means the operation of the ambulance's or emergency medical services vehicle's warning lights and siren in accordance with the Maine Motor Vehicle Statutes, 29-A ~~M.R.S.A.~~M.R.S.~~M.R.S.~~

**§19;§20. EMERGENCY SERVICES COMMUNICATIONS BUREAU** means the Emergency Services Communication Bureau within the Public Utilities Commission.

**§20;§21. FAA** means Federal Aviation Administration.

**§21;§22. FAR** means Federal Aviation Regulations

**§23. FULL TIME DISPATCH** ~~-means a communications center that:~~

1. Operates twenty-four hours per day;
2. Records telephone and radio transmissions regarding calls for medical assistance;
3. Communicates with Emergency Medical Services providers via two-way radio; and other methods.

361 ~~§22. §24.~~ **LICENSE** means a full, temporary, provisional or conditional license issued  
 362 under these Rules.

363  
 364 ~~§23. §25.~~ **LOCATED OUTSIDE THE STATE OF MAINE.** An ambulance service is  
 365 located outside the State of Maine provided that it is licensed in another state or territory, does  
 366 not maintain a base of operations in Maine, and does not routinely carry patients between points,  
 367 both of which are in Maine.

368  
 369 ~~§24. §26.~~ **MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS** means the  
 370 Board, the emergency medical services director, and staff within the Department of Public Safety  
 371 responsible for carrying out the responsibilities of 32 ~~M.R.S.A.~~ M.R.S. § 81 et seq. and these  
 372 Rules.

373  
 374  
 375 ~~§27.~~ **MEDICAL CONTROL** ~~(DIRECTION)~~ is physician supervision of pre-hospital  
 376 emergency medical care. More specifically, it is those actions taken to ensure that care provided  
 377 on behalf of ill or injured patients is medically appropriate. Medical Control includes:

378  
 379 ~~1. interaction with operational and administrative aspects of EMS (for example,~~  
 380 ~~education and training, quality improvement, ambulance staffing, dispatch issues,~~  
 381 ~~and hospital destination).~~

382 ~~2.~~

383 ~~3.1. Direct~~ Online Medical Control ~~(on line or immediate medical control):~~

- 384  
 385 A. The contemporaneous physician direction of a field provider utilizing  
 386 radio, ~~or~~ telephone, or ~~actual contact with a physician on scene in~~  
 387 ~~person contact.~~  
 388  
 389 B. This physician direction may be provided by a ~~Physician Assistant or~~  
 390 ~~Advanced Practice Registered Nurse~~ delegated by the physician(s)  
 391 charged with medical oversight, ~~that is credentialed by that hospital to~~  
 392 ~~do so pursuant to 32 M.R.S. §83 17-A~~

393  
 394 ~~2. Indirect~~ Medical Control ~~Direction:~~

395 ~~The~~

396 ~~—~~

- 397 ~~A. is the~~ administrative medical direction of EMS personnel by a  
 398 physician as designated in these Rules. Medical Direction includes  
 399 interaction with operational and administrative aspects of EMS (for  
 400 example, education and training, quality improvement, ambulance  
 401 staffing, dispatch issues, and hospital destination).  
 402  
 403

404  
 405 ~~§25.~~ **MEDICAL DIRECTION AND PRACTICES BOARD** means the board consisting of  
 406 each regional medical director, an emergency physician representing the Maine Chapter of the

407 American College of Emergency Medicine Physicians, an at-large member, a toxicologist or  
 408 licensed pharmacist, a person licensed under 32 M.R.S. §85 to provide basic emergency medical  
 409 treatment, a person licensed under 32 M.R.S. §85 to provide advanced emergency medical  
 410 treatment, a pediatric physician, the statewide associate emergency medical services medical  
 411 director and the statewide emergency medical services medical director. The Medical Direction  
 412 and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency  
 413 Medical Services protocols.  ~~means the board, chaired by the State Emergency Medical Services~~  
 414 Medical Director, and consisting of each regional medical director, a representative of the Maine  
 415 Chapter of the American College of Emergency Physicians, an at large member, a toxicologist  
 416 or licensed pharmacist, the statewide assistant emergency medical services medical director and  
 417 the State Emergency Medical Services Medical Director. The Medical Direction and Practices  
 418 Board is responsible for creation, adoption and maintenance of Maine Emergency Medical  
 419 Services pre-hospital treatment protocols.

420 ~~§26,§28.~~

421 ~~§27,§29.~~ **NON-EMERGENCY MEDICAL CALL** means a situation in which an  
 422 immediate response to a scene, hospital, health care facility or other place is not required to  
 423 prevent life-or limb-threatening medical deterioration of a person.

425 ~~§28,§30.~~ **NON-EMERGENCY RESPONSE MODE** means operation of the ambulance  
 426 or emergency medical services vehicle in a non-emergency mode obeying all traffic laws.

428 ~~§29,§31.~~ **NON-TRANSPORTING SERVICE** means any organization, person or persons  
 429 who hold themselves out as providers of emergency medical treatment and who do not routinely  
 430 provide transportation to ill or injured persons, and who routinely offer ~~to~~ or provide services to  
 431 the general public beyond the boundaries of a single recreational site, business, school or other  
 432 facility. For the purposes of these Rules, a physician making house calls as a part of ordinary  
 433 medical practice is not considered to be a non-transporting service. For the purposes of this  
 434 definition, “routinely” means regularly, as part of the usual way of doing things.

436 ~~1.—A police or fire department which does not hold itself out as a provider of~~  
 437 ~~emergency medical care shall not be considered a non-transporting service solely~~  
 438 ~~because members of that department (who are licensed emergency medical~~  
 439 ~~services persons) provide medical care at the scene of a medical emergency to~~  
 440 ~~which they were dispatched for police or fire assistance.~~

442 ~~§30,§32.~~ **OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES** means the  
 443 administrative unit within the Department of Public Safety to which the Board assigns  
 444 responsibility for carrying out the purposes of 32 ~~M.R.S.~~ A.M.R.S. § 81, et seq. Responsibility  
 445 for implementation, enforcement and administration of these Rules is delegated to the Director of  
 446 the Office.

448 ~~§31,§33.~~ **PATIENT CARE REPORT** means the report generated and filed by Ambulance  
 449 Services and Non-Transporting Services documenting each request for service or for each patient  
 450 when more than one patient is involved.

452 ~~§32.~~§34. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT)** means a transfer of a  
 453 patient after initial assessment and stabilization from and to a health care facility, or other  
 454 location designated by medical control, or a primary patient care physician, conducted in  
 455 accordance with the Maine EMS PIFT guidelines.

456  
 457 ~~§33.~~§35. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE** means a  
 458 Maine EMS licensed Ambulance Service that has been approved as a PIFT Service by Maine  
 459 EMS after fulfilling the PIFT Service eligibility requirements.

460  
 461 ~~§34.~~§36. **PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER** means a  
 462 Maine EMS Paramedic who has completed the Maine EMS PIFT Training Program.

463  
 464 ~~§35.~~§37. **PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES**  
 465 **PROTOCOL** means the written statement approved by the Medical Direction and Practices  
 466 Board and filed with the Board, specifying the conditions under which some form of emergency  
 467 medical care is to be given by emergency medical services persons. These protocols are  
 468 coordinated and published through Maine EMS as a single, statewide common set of protocols.

469  
 470 ~~§36.~~§38. **PROVIDER OF EMERGENCY MEDICAL DISPATCH SERVICES** means  
 471 an Emergency Medical Dispatcher or Emergency Medical Dispatch Center licensed by the  
 472 Board.

473  
 474 ~~§37.~~§39. **PUBLIC SAFETY ANSWERING POINT** has the same meaning as in ~~Title 25,~~  
 475 ~~section 2921~~25 M.R.S. § 2921.

476  
 477 ~~§38.~~§40. **REGIONAL COUNCILS** ~~means~~mean those ~~groups~~business entities recognized  
 478 by the Board that represent the various ~~regions~~geographical areas of the state, as designated by  
 479 the Board, with respect to matters subject to 32 ~~M.R.S.A.~~M.R.S., ~~§,~~ § 81 et seq. and these Rules.

480  
 481 ~~§39.~~§41. **REGIONAL MEDICAL DIRECTOR** means the physician designated in each  
 482 EMS region by the regional council, subject to approval by the Board, to oversee all matters of  
 483 medical control and to advise the regional council on medical matters. In ~~designating~~approving  
 484 the regional medical director, the Board will be advised by the regional council for the region.

485  
 486 **§41. RESPONSE ASSIGNMENT PLAN** means a Maine ~~-~~EMS approved plan developed by  
 487 a Maine licensed service and its service medical director that ~~identifies~~establishes the service's  
 488 ~~level of response and~~ response ~~mode~~ in accordance with Maine EMS Emergency Medical  
 489 Dispatch (EMD) protocol determinant codes.

490  
 491 **§42. SERVICE-LEVEL MEDICAL DIRECTOR** means a physician, or an independent  
 492 nurse practitioner who assumes primary responsibility to ensure quality medical care for the  
 493 service. A physician assistant may assist in this role under the direct supervision of a physician,  
 494 however the supervising physician must be identified to Maine EMS as the medical director.

495

496 §43. STATE LICENSURE EXAMINATIONS ~~means~~mean the written (cognitive) tests and  
 497 practical (psychomotor) evaluations approved by the Board and used to determine the minimum  
 498 competency of a person seeking licensure as an EMS provider.  
 499

500 §44. TRAINING CENTER means an entity that meets the requirements of the Maine EMS  
 501 Training Center Standards and is authorized by Maine EMS to conduct Maine EMS-approved  
 502 EMS educational courses and training programs leading to EMS provider licensure.  
 503

504 §44,§45. ~~Trauma-RAUMA~~ means a single or multisystem life-threatening or limb-threatening  
 505 injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent  
 506 disability.  
 507

508 §45,§46. WILDERNESS EMERGENCY MEDICAL TECHNICIAN means the  
 509 graduate of any wilderness emergency medical technician course, ~~approved by Maine EMS,~~ who  
 510 may apply the principles of care taught in that course as defined. This is not a Maine EMS  
 511 licensure level in itself, but is a certification of skills and knowledge that may be employed by  
 512 those licensed by Maine EMS.  
 513  
 514  
 515

516  
 517 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., §§84, 85-A, 88  
 518

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 520

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 523 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 524 11.1067

525 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 526 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 527 September 1, 1986

528 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

529 July 1, 1988

530 March 4, 1992

531 September 1, 1996

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534 July 1, 2003

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537 May 1, 2013  
 538

539 16 DEPARTMENT OF PUBLIC SAFETY

540

541 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

542

543 CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING  
544 SERVICE LICENSES

545

546 §1. No ground ambulance service or non-transporting service shall operate unless it is duly  
547 licensed by the Board under these Rules.

548

549 §2. **License Factors** - a ground ambulance service license or a non-transporting service  
550 license is issued for a specific:

551

552 1. Service Type ~~of service~~ - which may be:

553

554 A. A Non-Transporting Service; or

555

556 B. An Ambulance Service

557

558 2. License Level ~~of care~~ - which may be:

559

560 A. Emergency Medical Responder (~~EMR~~)—EMR - (only if the service is  
561 licensing as a Non-Transporting service type ~~of service~~); or

562

563 B. Emergency Medical Technician (EMT); or

564

565 C. Advanced EMT (AEMT); or

566

567 D. Paramedic

568

569 3. Permit Level – which may be:

570

571 A. Emergency Medical Technician (EMT);— (only if a service is licensing as a  
572 Non-Transporting service type); or

573

574 B. Advanced Emergency Medical Technician (AEMT); or

575

576 C. Paramedic

577

578 3.4. Ownership

579

580 Upon request of the Board, an applicant for a or licensee of a ground ambulance  
581 service or non-transporting service license must provide the Board with the  
582 identity and legal status (e.g. municipality, corporation, limited liability company,  
583 sole proprietorship) of the person or entity that holds, or is making application for

584 the license. Failure to provide this information may result in an application being  
585 treated as incomplete.

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587 4.5. Service Area

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589 A. The service area consists of the primary response area, which is any area to  
590 which the service is routinely made available when called by the public to  
591 respond to medical emergencies. In defining a primary response area, a  
592 service will be expected to meet reasonable standards in regard to distance  
593 and response times ~~from its base of operations~~ to emergency scenes. Maine  
594 EMS will determine if such standards are met using the following criteria:

- 595  
596 1. Dispatch time/availability of ambulance and crew;  
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598 2. Response times;  
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600 3. Organized/coordinated dispatch;  
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602 4. Public perception;  
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604 5. Emergency responses across jurisdictions/public safety  
605 implications;  
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607 6. Impact on patient care;

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609 B. The service receiving the request to respond to an emergency medical call  
610 outside of its primary response area shall coordinate with that area's primary  
611 EMS service to ~~ensure~~ ensure the most appropriate response based upon patient  
612 status.

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614 C. A service area does not include areas outside the primary response area to  
615 which the service may be made available for non-emergency medical calls.  
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617 5.6. Base Location.

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619 ~~A. Unless otherwise approved by Maine EMS, a service must be separately~~  
620 ~~licensed for each base location from which it operates; or,~~

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622 A service must be separately licensed for each base location from which it  
623 operates, except that a service may apply for a single license to operate from  
624 multiple locations provided it has a Service Medical Director and a single  
625 Quality Assurance / Quality Improvement program that is approved by the  
626 Board and the State Medical Director.

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628 **§3. Change in License Factors.**

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A service must ~~apply for and for and~~ receive a new license ~~before changing in order to change one or more any~~ licensing factors. However, a service may apply for a new permit level on a renewal application.

**§4. Approval of License.**

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

**§5. Licensing Standards**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, a service applicant must:
  - A. Apply on forms available from Maine EMS.
  - ~~B.~~ Submit a fee of \$100.00
  - ~~B.C.~~ Demonstrate to Maine EMS that:
    1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed primary service area(s). ~~This requirement does not apply for a new license sought for an upgrade in level of care.~~ The notice must state:
      - (a) The name and legal status of the entity making application
      - (b) The name of the proposed service;
      - (c) The type of service proposed;
      - (d) The proposed license level ~~of care~~ to be provided;
      - (e) The names of the municipalities within the primary response area of the proposed service;
      - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be



received by Maine EMS within 30 calendar days after the date of the notice's publication; and,

(g) The current mailing address of the Maine EMS office.

2. The applicant ~~can provide~~possesses the equipment ~~, vehicles, and trained personnel~~ required by these Rules for the type of service and level of care~~license level~~ proposed.

~~2.3.~~ The applicant can provide personnel required by these Rules for the type of service and license level of care proposed.

4. The applicant, if applying for a license that includes a primary service area, has made adequate arrangements for ~~has full time dispatch, dispatching necessary for the proposed type of service and level of care and can provide the~~

~~3.5.~~ The applicant possesses two-way radio communications equipment and frequencies ~~to accomplish this for the proposed type of service~~, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules. ~~As of January 1, 2001, services licensed by Maine EMS shall have the capability of communicating via~~and the designated Maine EMS statewide frequency "155.385."

~~4.6.~~ If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.

~~5.7.~~ If the application is for a non-transporting service, the non-transporting service has either (1) entered into written agreements with the ambulance services which will transport its patients, guaranteeing continuity of care for the patient and simultaneous dispatch of the non-transporting and ambulance services, or (2) otherwise addresses these concerns in a plan approved by Maine EMS which includes as a component a written agreement of this nature with at least one ambulance service.

(a) An ambulance service is not required to approve of or enter into a written agreement with a non-transporting EMS service.

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8. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 ~~M.R.S.A.~~M.R.S. § 92-A), or has identified a Board-approved Quality Assurance/Quality Improvement committee in which the service will participate, and has submitted a quality assurance plan that is subject to Maine EMS approval.

~~6.9.~~The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.

10. The applicant has designated a service director, who shall act as the point of contact for the service.

~~7.11.~~ The applicant has designated a person whose serves as the training and education point of contact for the service.

12. The applicant has identified the designated infection control officer for the proposed service. ~~Pursuant to 42 U.S.C. §300ff-136, each emergency medical services agency licensed under this chapter shall designate an infectious control officer (ICO) to perform the duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. –The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.~~

13. The applicant, if applying for a license or permit to the Advanced EMT (AEMT) or Paramedic levels, has a service-specific medical director, effective January 1, 2021.

~~8.14.~~ If the applicant lists a service-specific medical director, the application must include a medical director agreement.

~~9.15.~~ The applicant ~~has in~~has in the case of a proposed service requesting a license or permit to administer drugs/~~medications entered~~medications entered into a written contract with a single hospital which has a pharmacy, several hospitals with either

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individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications pursuant to these Rules.

16. If the applicant intends to provide Paramedic Inter-facility Facility Transfers (-PIFT), a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.

17. The applicant has submitted an agency safety plan a documented safety program that addresses their patients, provider personnel, and the general public safety during operations..:

2. Except as provided in paragraph 3, below, Aa service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month, and prorate the licensing fee if it is determined that such a change is in the best interest of the service and the system.

3. Effective January 1, 2020, initial and renewal service applications will be issued/renewed with a November 30, 2020 expiration date in order to establish a common month of expiration for all services. Maine EMS will prorate service and vehicle fees during the transition period.

2.4. Notwithstanding the notice requirements of §5(C)-(1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant’s application.

**§6. Renewal of Service License**

~~1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service’s licensing anniversary.~~

~~2. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted to Maine EMS thirty (30) days prior to the expiration of a license.~~

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- ~~3-5.~~
- 4-6. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
- 5-7. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an ambulance or non-transporting service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
- 6-8. In order to obtain a license renewal, a service must:
- A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100.00.
  - ~~A.~~
  - C. ~~Submit a fee of \$100.00.~~ If the applicant intends to provide Paramedic Inter-Facility Transfers (PIFT) a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.
  - D. The applicant has submitted an agency safety plan that addresses patient, provider, and public safety.
  - ~~B-E.~~ Demonstrate, as may be required by Maine EMS, that it meets the licensure requirements called for in these Rules.

**§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting Service Licensees**

A ground ambulance service or non-transporting service will be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above the service license level, except:

~~In the following situations, a service or non-transporting service does not need to be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above the service license level:~~

~~A. When utilizing personnel not required to be licensed by Maine EMS as provided for in 32 M.R.S.A.M.R.S. § 86 (2). This person will limit care to the level of the service license pursuant to these Rules. This person will be responsible for patient care; or,~~

~~F. Except ~~W~~when the service's response is in accordance with a Maine EMS-approved Response Assignment Plan.~~

~~The phrase "able to provide care" means that the EMS person who is licensed at or above the service license level must be in the ambulance. If the higher-level EMS person is in the ambulance, he or she is able to render care. The higher-level EMS person must assess the patient prior to transport and determine that the lower-level EMS person can appropriately provide care during transport. In addition, the higher-level EMS person who is driving the vehicle needs to have the ability to communicate constantly with the lower-level EMS person who is caring for the patient. If the patient's needs change, the higher-level EMS person must switch roles with the lower-level EMS person~~

~~7.1.~~ A ground ambulance service or non-transporting service must notify Maine EMS of the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from its service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail.

~~8.2.~~ A ground ambulance service or non-transporting service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must:

A. Apply on forms available from Maine EMS.

B. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.

C. Show that it can satisfy the requirements of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is affiliated with the applicant service).

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D. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements set forth in these Rules.

E. Apply for new permission to provide a higher level of care by notifying Maine EMS.

~~Maine EMS may temporarily suspend a permit in accordance with 5 M.R.S.A. § 10004 (3).~~

~~9. A ground ambulance service or non-transporting service may apply for approval from Maine EMS to allow the use of Epinephrine auto injectors by the service’s personnel who are licensed at the EMT level. Standards for initial and continued approval shall be in accordance with criteria approved and published by Maine EMS.~~

~~10.3.~~ A ground ambulance service or non-transporting service shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.

~~11.4.~~ A ground ambulance service or ~~non-transportingnon- transporting~~ service shall not allow persons less than 18 years of age to participate in medical response operations or medical response observation, except when Maine EMS has approved the service’s supervision plan for such persons and in accordance with Maine Department of Labor rules governing employment for minors.

~~5.~~ A ground ambulance service or non-transportingnon- transporting service shall meet the following requirements regarding service personnel who routinely operate licensed ambulance vehicles or authorized emergency medical services vehicles in response to calls for medical treatment or during patient transports:

A. The person whose job description includes operating an ambulance in an emergency mode or transporting a patient must possess within 6 months of being employed, certification of successful completion of a basic ambulance vehicle operator course, or a course that has been approved by the Board as an equivalent (32 M.R.S. §85(6)). Services will maintain a record of such training and make it available to Maine EMS upon request.

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**§8. Availability for Emergency Response**

1. Any ground ambulance service offering response to emergency medical calls in the service’s primary response area must be available twenty-four hours a day, every day, with full-time dispatch capability, and written mutual aid arrangements as necessary, ~~to ensure~~ and must also provide a detailed plan to their primary dispatch agency indicating their mutual aid agencies and the order of contact of those mutual aid agencies.

⋮

~~—An annual average time of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene", and shall not deny treatment or transport resulting from an emergency call if treatment or transport is indicated; and,~~

~~A.~~

Failure of a ground ambulance service to comply with these emergency response- requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

~~12.~~2. A non-transporting service providing response to emergency medical calls must submit with its initial license application a letter of understanding if the service’s hours of availability will be other than twenty-four hours a day, every day. This letter of understanding must be approved by Maine EMS and signed by an authorized representative of the non-transporting service, and an authorized representative of the transporting service. Changes to the letter of understanding may be accomplished by written agreement of the aforementioned parties.

~~13.~~3. Non-transporting services must have a full-time dispatch capability, written mutual aid arrangements as necessary and assure an annual average response time during their hours of availability of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene" and shall not deny treatment resulting from an emergency medical call if treatment is indicated.

**§9. Patient Care Report**

For each request for service, or for each patient when more than one patient is involved in a call, a service must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within ~~one business day~~ twenty-four hours.

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**§10. Pilot Projects**

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board ~~but will be limited to a maximum of three years~~. Such authorizations should not be construed as levels of licensure.

**§11. ~~Ground Ambulance~~ Vehicles - General**

1. Except as otherwise exempted by 32 ~~M.R.S.A.~~M.R.S. § 82, no vehicle shall be operated as an ground ambulance ~~(from within Maine)~~ or emergency medical services vehicle unless it is licensed or authorized ~~as an ambulance under~~ in accordance with these Rules.
2. ~~A ground ambulance vehicle license~~ or authorization is valid for a period of one year, starting from the month the service license is issued.
2. ~~Maine EMS will prorate the vehicle licensing fee for a service licensing a new vehicle within its one year service license period to ensure concurrent expiration dates for service and vehicle licenses.~~
3. ~~Any ground ambulance vehicle licensed in the state of Maine as of September 1, 1986 may continue to be licensed by the service owning it on that date as long as it is maintained in a condition which will meet all Department of Public Safety standards for vehicle safety and is in a clean and sanitary condition, free from interior rust, dirt, or contaminating foreign matter.~~
4. ~~Any ground ambulance vehicle acquired by a Maine licensed service as of September 1, 1986, must meet the standards set forth in these Rules.~~
- 5.3. A ground ambulance vehicle license or authorization is issued to a particular service and for a particular vehicle, except as permitted in Chapter 3 §12 of these Rules. If a service is required to relicense under Chapter 3 §2 because of a change of ownership, then all of the service's ground ambulance vehicle licenses and authorizations end, and the service must apply for new ground ambulance vehicle licenses and/or authorizations. The fee for licensing a vehicle is \$60.00.



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4. When a service acquires a new or used vehicle under Chapter 3 §12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS, and shall pay ~~the prorated portion of the annual~~ any the applicable vehicle licensing fee ~~necessary to license the vehicle until the service's next licensing anniversary.~~ Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.

5. Vehicles licensed under this chapter must:

A. Display the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12 (1)(C).~~2~~ are exempt from this requirement;

B. Be exclusively leased or ~~owned, and~~ owned and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

6. Upon request by Maine EMS, a licensed ~~ambulance~~ ambulance licensed and/or authorized vehicle(s) available for inspection to ensure that each vehicle is safe, clean, and otherwise in conformity with these Rules. If a ~~ground ambulance licensed or authorized~~ ground ambulance licensed or authorized vehicle does not pass inspection and its continued operation presents a hazard to health or safety, ~~Maine EMS~~ the Board may ~~order it removed from service~~ suspend its license to provide emergency medical services at once consistent with Maine Law (See 5 ~~M.R.S.A.~~ M.R.S. §10004 and 4 ~~M.S.R.A.R.S.~~ M.R.S. §184). Alternatively, if the continued operation of the licensed and/or authorized vehicle at the level of care for which ~~the service is permitted pursuant to Chapter 3§7(3) of these rules presents a hazard to health or safety, the Board may immediately suspend the licensed and/or authorized vehicle~~ the service's level of care permit consistent with Maine Law (see 5 M.R.S. §10004 and 4 M.R.S §184) and allow the ~~licensed and/or authorized vehicle~~ service to operate at the next lowest level of care for which it is properly equipped. If the deficiencies are not such as to require the vehicle's immediate ~~removal from service~~ removal from service or the immediate suspension of ~~the service's level of care permit,~~ then Maine EMS shall notify the ~~operator~~ service of the deficiencies and set a reasonable amount of time in which the ~~operator~~ service may continue to ~~operate the vehicle~~ provide emergency medical services while bringing it into conformity with the law and Rules. If the ~~vehicle licensed and/or authorized vehicle~~ is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the ~~ground ambulance~~ vehicle licensed and/or authorized vehicle's license to provide emergency medical services.

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§12. **Ground ~~Ambulance~~ Vehicles – Licensing and Authorization Requirements**

1. Ground Ambulance Vehicles

~~In general, i~~f control of a ground ambulance vehicle passes from one ambulance service to another, or from an ambulance manufacturer or ~~his-its~~ representative to an ambulance service, through any means, the ground ambulance vehicle must be licensed to the recipient service prior to the recipient service’s operation of that vehicle as an ambulance.

- A. ~~Temporary Transfer of Ground Ambulance Vehicles.~~
- B. If temporary control of a licensed ground ambulance vehicle, which is owned by a licensed service, is passed to another ambulance service, the ground ambulance vehicle transferred under this subsection will be considered licensed pursuant to these Rules.
- ~~C. If control of a licensed ground ambulance vehicle, which is owned by a manufacturer or manufacturer's representative, is passed to a service, the ground ambulance vehicle must be licensed to that service. A ground ambulance vehicle owned by a manufacturer or manufacturer’s representative may be simultaneously licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.~~
- ~~D. The service temporarily assuming control of the ground ambulance vehicle shall maintain, at its base of operations, written record as to when control is assumed and when it is returned. These records are to be available for inspection by Maine EMS.~~

2. Emergency Medical Services Vehicles

- ~~E.A.~~ E.A. --Any vehicle operated by a licensed service ~~or any agency designated by Maine EMS which~~that is not already licensed as a fire department vehicle or ambulance, may be ~~approved~~authorized by Maine EMS as an emergency medical services vehicle, consistent with 29-A ~~M.R.S.A.~~M.R.S. §2054 ~~so long as provided~~ that vehicle:
  - a. Is operated in emergency response mode on public ways solely for the purpose of carrying personnel and equipment to the scene of an emergency medical call.
  - b. Meets ~~applicable federal and~~ Maine’s safety requirements including the state's periodic motor vehicle inspection requirements.

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~~e. When in emergency response mode, is operated by a driver with a valid license who has successfully completed a Maine EMS approved Basic Ambulance Vehicle Operator Course (AVOC), or a similar course that has been approved by Maine EMS as equivalent to AVOC.~~

~~d.~~

~~e.c.~~ Is operated in accordance with all applicable Maine Laws, including, but not limited to Title 29-A.

d. Is made available for inspection when requested by Maine EMS in order to ensure conformity with the Rules.

e. Displays the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or displays a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12.2(1)(F) are exempt from this requirement.

~~— Displays the name of the service operating the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12.2 are exempt from this requirement.~~

~~f. Is exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.~~

**§13. Ground Ambulance Design Requirements**

1. A ground ambulance vehicle, ~~unless it falls within Chapter 3 §11.3 of these Rules,~~ must meet the following standards to be licensed:

F.A. Federal/state safety requirements. It must meet the applicable federal and Maine safety requirements including the State's periodic motor vehicle inspection requirements listed in the current edition of the Maine State Police Motor Vehicle Inspections Manual.

G.B. Interior size. It must meet the chassis manufacturer's specifications, and must have a minimum inside height of 60 inches at the center of the patient compartment, a minimum width of 48 inches at the center of the patient compartment, a walkway parallel to the length of the primary cot adequate to

1167 allow an attendant to walk from head to foot of the cot; and a minimum  
 1168 inside patient compartment length of 122 inches at the cot level.  
 1169

1170 H.C. Interior storage accommodations. The interior of the patient compartment  
 1171 must provide adequate stowage space for medical supplies, devices and  
 1172 installed systems. For purposes of this paragraph, "stowage" is defined as  
 1173 the storing, packing, or arranging of ambulance contents in a secure manner  
 1174 so as to protect the contents from damage and the personnel from injury.  
 1175 Interior compartment doors, latches and operating mechanisms must operate  
 1176 in accordance with the manufacturer's design.  
 1177

1178 H.D. Seat belts. Seat belts shall be provided in all permanent seat positions in  
 1179 the vehicle, including the squad bench. For purposes of this paragraph,  
 1180 "squad bench" is defined as a permanent, non-removable seat that is located  
 1181 in the patient compartment and which can serve as a seat for crew members  
 1182 or as a surface on which a patient may lie down.  
 1183

1184 E. Patient restraint. The ambulance must be equipped with a multilevel patient  
 1185 stretcher designed for ambulances, mounted in, and detachable from the  
 1186 vehicle. The head of the stretcher must elevate. At least three strap-type  
 1187 restraining devices (chest, hip, lower extremity), not less than 2 inches wide,  
 1188 shall be provided for each stretcher, cot or litter. Additionally, the head of  
 1189 the cot shall be furnished with upper torso (over the shoulder) restraints  
 1190 designed to prevent motion of the patient during severe braking or in an  
 1191 accident. Restraining straps shall incorporate metal-to-metal quick release  
 1192 buckles. The use of all lateral and shoulder straps is required while  
 1193 transporting a patient.  
 1194

1195  
 1196 F. Stretcher fasteners. The installed stretcher fastener device(s) for wheeled  
 1197 stretchers shall meet the performance requirements of the following two  
 1198 standards, which this rule incorporates by reference:  
 1199

1200 a. Ambulance Litter Integrity, Retention, and Patient Restraint  
 1201 Fasteners, (J3027), July 14, 2014 edition, which is available at  
 1202 cost from SAE International, 400 Commonwealth Drive,  
 1203 Warrendale, PA 15096; and

1204 b. Chapter 6 (6.22) "Patient Cot Retention" of Standard for  
 1205 Automotive Ambulances (NFPA 1917), 2019 edition, published  
 1206 [date of publication] May 24, 2018, which is available at cost from  
 1207 the National Fire Protection Association, 1 Batterymarch Park,  
 1208 Quincy, MA.  
 1209  
 1210

1211 ~~Copies of these standards are available through Maine EMS 152 State House~~  
 1212 ~~Station, Augusta, ME 04333-0152. Provision shall be made for the required~~  
 1213 ~~portable stretchers to be secured in safe positions for transport. Stretcher~~  
 1214 ~~fasteners must be installed according to the stretcher fastener manufacturer’s~~  
 1215 ~~directions. All ambulances licensed after July 1, 2030 will need to meet~~  
 1216 ~~these requirements.~~

1217 ~~— Litter Stretcher fasteners. The installed stretcher fastener device(s) for~~  
 1218 ~~wheeled stretchers shall meet the performance requirements of SAE J3027,~~  
 1219 ~~Ambulance Litter Integrity, Retention, and Patient Restraint Crash stable~~  
 1220 ~~Fasteners of the quick-release type shall secure the cot to the floor or side~~  
 1221 ~~walls. Provision shall be made for the required portable stretchers to be~~  
 1222 ~~secured in safe positions for transport. Stretcher mounts must be capable of~~  
 1223 ~~fastening the stretcher to the vehicle to prevent any movement of the~~  
 1224 ~~stretcher when in its fastened position. Fasteners must be installed~~  
 1225 ~~according to the stretcher fastener manufacturer’s directions.~~

1226  
 1227 ~~a. This rule incorporates by reference the following National Fire~~  
 1228 ~~Protection Association standard, available from the National Fire~~  
 1229 ~~Protection Association, 1 Batterymarch Park, Quincy, MA 02269:~~  
 1230 ~~2019 Edition of NFPA 1917~~

1231  
 1232 ~~— The following Chapters and sections of the 2019 edition of NFPA~~  
 1233 ~~1917 shall be incorporated~~  
 1234 ~~— Chapter 6 (6.22) Patient Cot Retention pages 24 & 25~~

1235  
 1236 ~~J.G.~~ Patient compartment environmental equipment. The patient compartment  
 1237 shall be adequately heated, air-conditioned, and ventilated to provide for  
 1238 patient comfort.

1239  
 1240 ~~K.H.~~ Communications equipment shall be adequate to allow the vehicle to  
 1241 contact on the regional radio frequency the hospitals to which it regularly  
 1242 takes patients. The ambulance shall also be able to maintain two-way  
 1243 communications contact with a full-time dispatching facility. ~~As of January~~  
 1244 ~~1, 2001, a~~All vehicles licensed or authorized by Maine EMS shall be capable  
 1245 of communications utilizing the designated Maine EMS statewide  
 1246 frequency, 155.385

1247  
 1248 ~~L.I.~~ Attendants/driver communication. ~~It shall be possible for t~~The driver and  
 1249 the attendants, in their working positions, ~~must be able~~ to speak to one  
 1250 another.

1251  
 1252 ~~M.J.~~ Warning devices. All ambulances shall be equipped with a ~~functional~~  
 1253 siren and with ~~functional~~ emergency warning lights, rotating or flashing,  
 1254 visible from 360 degrees at all times. Colors of ambulance lights are fixed by  
 1255 29-A ~~M.R.S.A.~~M.R.S. § 2054.

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~~N.K.~~ Patient compartment illumination. Normal white illumination shall be provided in the patient area so as to provide a minimum of ~~35-foot~~35-foot candles of illumination measured on at least 90 percent of the cot's surface area.

~~O.L.~~ Name of service. Ground vehicles ~~placed in service after March 1, 1992,~~ must display the name of the service licensing the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12 ~~(1)(F)-2~~ are exempt from this requirement.

~~P.M.~~ Main oxygen supply. The ambulance shall have a hospital type piped medical oxygen system capable of storing and supplying a minimum of 3,000 liters ("M" size tank). The oxygen pressure regulator must be a medical oxygen pressure reducing and regulator valve with an inlet filter at the cylinder and shall have a line relief valve set at 1378 kPa (200 psi) maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow meter must be a pressure compensated type.

~~Q.N.~~ Suction aspirator, permanently mounted. The ambulance vehicle shall have an electrically or (engine) vacuum-powered suction unit capable of providing a free air flow of at least 20 ~~lpm~~L.P.M. and achieving a minimum of 300 mm-Hg within 4 seconds after the suction tube is closed.

~~O.~~ Exterior compartments and doors. Exterior compartments, exterior compartment doors and exterior patient/passenger doors must be equipped with latches, gaskets and operating mechanisms which operate in accordance with the manufacturer's design.

2. All ambulances newly manufactured after July 1, 2021 must at a minimum comply with one of the following standards;

A. National Fire Protection Agency (NFPA) NFPA 1917(2016)

B. Federal Specification for Star-Of-Life Ambulances (KKK-A-1822)

C. Commission on Accreditation of Ambulance Services, Ground Vehicle Standards 2.0

§14. Ground Ambulance Vehicle Equipment Requirements

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1. An Ground Ambulance Service must possess, at a minimum, the equipment listed in Chapter 17 of these rules and must maintain a system to ensure the availability of this equipment on any call.

A. All medical equipment and medical supplies required must be latex free.

B. Each ground ambulance vehicle must carry the equipment and medical supplies listed in Chapter 17 of these rules.

C. The EMT set of equipment is the minimum set of required equipment for a Ground Ambulance Service.

D. If a ground ambulance service is licensed at the Advanced EMT or Paramedic level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.

E. If a ground ambulance service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.

2. Upon request of Maine EMS, a ground ambulance service shall make its equipment available for inspection in order to ensure conformity with the Rules.

~~1. As of August 1, 2004, all mMedical equipment and medical supplies carried on a ground ambulance vehicle must be natural rubber latex free.~~

~~A. Each ground ambulance vehicle shall must carry the equipment listed in the equipment guideline pursuant to Chapter of these Rules.~~

~~B. If a ground ambulance service is licensed at an advanced level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.~~

~~C. If a ground ambulance service is permitted to a given level, it must provide possess at least one set of equipment and supplies required for that level pursuant to these Rules.~~

§15. **Ground Ambulance Vehicle or Emergency Medical Services Vehicle Operation**

1. A licensed ground ambulance vehicle or authorized emergency medical services vehicle shall operate in a non-emergency response mode to a location to which the ambulance or emergency medical services vehicle has been dispatched except when:

- 1343 A. Dispatch or responding personnel do not have adequate information to  
1344 determine the existence or condition of persons at a scene who may require  
1345 emergency medical treatment, or;
- 1346
- 1347 B. The ambulance or emergency medical services vehicle is responding in  
1348 accordance with a Maine-EMS-approved Response Assignment Plan.
- 1349
- 1350 2. A licensed ambulance shall operate in a non-emergency response mode from the  
1351 scene of a call to a hospital or during the transfer of a patient from a hospital or  
1352 healthcare facility to another place unless the EMS provider responsible for the care  
1353 of the patient determines that a threat to the patient's life or limb exists and  
1354 necessitates emergency response mode.
- 1355
- 1356 ~~3. An emergency medical services vehicle must be exclusively leased or owned, and~~  
1357 ~~operated by a service licensed by Maine EMS or by an agency designated by Maine~~  
1358 ~~EMS.~~
- 1359
- 1360

1361 §16. Non-Transporting Service Requirements

- 1362
- 1363 1. A Non-Transporting Service must possess, at a minimum, the equipment listed in  
1364 Chapter 17 of these rules and must maintain a system to ensure the availability of  
1365 this equipment on any call.
- 1366
- 1367 A. All medical equipment and medical supplies required must be latex free.
- 1368
- 1369 ~~— Each ground ambulance vehicle must carry the equipment and medical~~  
1370 ~~supplies listed in Chapter 17 of these rules.~~
- 1371
- 1372 B. The EMR set of equipment is the minimum set of required equipment for a  
1373 Non-Transporting Service.
- 1374
- 1375 C. If a non-transporting service is licensed at the EMT, Advanced EMT or  
1376 Paramedic level, that service, while responding on an emergency medical  
1377 call will be equipped on those calls with the equipment and supplies  
1378 pursuant to these Rules.
- 1379
- 1380 D. If a ground ambulance service is permitted to a given level, it must  
1381 possess at least one set of equipment and supplies required for that level  
1382 pursuant to these Rules.
- 1383 ~~1. As of August 1, 2004, all All medical equipment and medical supplies carried by a~~  
1384 ~~non-transporting service must be natural rubber latex free.~~
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~~A. A non-transporting service shall carrypossess the equipment listed in the equipment guideline of these Rulesfor the level at which it is licensed or permitted.~~

~~B. If a non-transporting service is permitted to a given level, it must provide at least one set of equipment and supplies required for that level as listed in the equipment guideline of these Rules.~~

2. Upon request of Maine EMS, a non-transporting service shall make its equipment available for inspection in order to ensure conformity with the Rules.

**§17. Termination of Service**

1. Any ground ambulance service or non-transporting service intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the service termination date. The service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the primary service area(s). The notice must state:

- A. The name of the service;
- B. The date of service termination; and
- C. The names of the municipalities affected by the service’s termination.

**§18. Duty to Report**

2. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:

- A. Change of name or address;
- B. Criminal ~~Convictions~~conviction;
- C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
- D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING SERVICE LICENSES

1431	AMENDED:	April 1, 1982
1432		December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
1433		January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
1434	11.1067	
1435		April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
1436		January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
1437		September 1, 1986
1438		August 25, 1987 - Sec. 5, 6.011 and 12 (added)
1439		July 1, 1988
1440		March 4, 1992
1441		September 1, 1996
1442	EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000
1443	REPEALED AND REPLACED:	July 1, 2000
1444		July 1, 2003
1445		October 1, 2009
1446		May 1, 2013

1447 16 DEPARTMENT OF PUBLIC SAFETY

1448

1449 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

1450

1451 CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

1452

1453 §1. A provider of emergency medical dispatch services must be licensed by the Board in  
1454 accordance with 32 ~~M.R.S.A.~~M.R.S. §85-A and these Rules.

1455

1456 §2. **Licensing Factors** – The license issued under this chapter is for an Emergency Medical  
1457 Dispatch Center.

1458

1459 1. Ownership

1460

1461 Upon request of the Board, an applicant or licensed Emergency Medical  
1462 Dispatch Center must provide the Board with the identity and legal status (e.g.  
1463 municipality, corporation, limited liability company, sole proprietorship) of the  
1464 person or entity that holds, or is making application for the license. Failure to  
1465 provide this information will result in an application being treated as incomplete.

1466

1467 2. Physical address or location

1468

1469 A license is issued for a specific physical address or location.

1470

1471 §3. **Change in Licensing Factors.**

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1473 An Emergency Medical Dispatch Center must receive Board approval to change any of the  
1474 licensing factors.

1475

1476 §4. **Standards**

1477

1478 1. An application will not be accepted as complete unless it includes all materials  
1479 required to be evaluated for licensure. To obtain a new license, an EMD Center  
1480 applicant must:

1481

1482 A. Apply on forms available from Maine EMS; and

1483

1484 B. Demonstrate to Maine EMS that:

1485

1486 1. The applicant complies with the requirements of 32  
1487 ~~M.R.S.A.~~M.R.S. §85-A, the Rules, and the Maine EMS-approved  
1488 Emergency Medical Dispatch Priority Reference System;

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1490 2. The applicant can provide the facilities, equipment, and personnel  
1491 required by these Rules;

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3. The applicant has an electronic version of the Maine EMS-approved emergency medical dispatch protocol on each computer used by an emergency medical dispatcher while engaged in emergency medical dispatch, ~~or has a Maine EMS-approved printed protocol card set for each on-duty emergency medical dispatcher. The card set must be within five feet of the emergency medical dispatcher's telecommunications console. Card sets may be used in the event of electronic software failure or as part of continuing dispatcher education;~~ In the event of power loss, software failure or as part of continuing education, card sets or other back-up tools, approved by Maine EMS, may be used.
  4. The applicant complies with the Quality Assurance/Quality Improvement -requirements as set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System; and
  5. The applicant has designated a director of Emergency Medical Dispatch, who shall act as the point of contact for the Emergency Medical Dispatch Center.
  6. The applicant must provide a policy addressing situations where an EMS agency is notified of an emergency medical call but does not immediately respond. This policy must include procedures for the Emergency Medical Dispatcher to follow in these situations.
  - ~~5.~~ ~~The applicant must provide a policy to address when an EMS service does not respond to the center~~ Emergency Medical Dispatch Center's notification to the EMS service to respond to an Emergency Medical Call.
  2. An Emergency Medical Dispatch Center license is issued for a period of 24 months unless earlier suspended or revoked. A license may be issued for a shorter period of time if approved by the Board.
  3. An Emergency Medical Dispatch Center must demonstrate ongoing compliance with these Rules in order to maintain its license.
- §5. Renewal**
1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
  2. An Emergency Medical Dispatch Center may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. An Emergency Medical Dispatch Center with an expired license cannot provide emergency medical dispatch services. An application submitted more than 90 days after expiration shall be considered a new application and subject to all

1540 requirements governing new applications.

1541  
1542 3. In order to obtain a license renewal, an Emergency Medical Dispatch Center must:

1543  
1544 A. Apply on forms available from Maine EMS; and

1545  
1546 B. Demonstrate, as may be required by Maine EMS, that it meets the licensing  
1547 requirements of 32 M.R.S.A.M.R.S. §85-A and these Rules.

1548  
1549 **§6. Personnel Requirements for Emergency Medical Dispatch Centers**

1550  
1551 1. An Emergency Medical Dispatch Center must use Maine EMS licensed Emergency  
1552 Medical Dispatchers to receive, evaluate and process all calls for medical assistance,  
1553 except that a dispatcher-in-training, under direct supervision of a Maine EMS  
1554 licensed emergency medical dispatcher designated by the EMD Center director,  
1555 may process calls using the emergency medical dispatch protocol after the  
1556 dispatcher-in-training has attended the Maine EMS approved certification course for  
1557 emergency medical dispatch. For purposes of this paragraph, direct supervision  
1558 means that the designated licensed emergency medical dispatcher is  
1559 contemporaneously listening to the call for medical assistance being processed by  
1560 the dispatcher-in-training and is able to assume control of the call and provide  
1561 emergency medical dispatch, if the dispatcher-in-training is unable to process the  
1562 call in accordance with protocol.

1563  
1564 2. An Emergency Medical Dispatch Center director must notify Maine EMS when  
1565 Emergency Medical Dispatchers are employed or terminated from employment by  
1566 the Center. Notification must be made electronically or by mail within five days of  
1567 the employment or termination of employment of an Emergency Medical  
1568 Dispatcher.

1569  
1570 **§7. Response Standards ~~For~~for Emergency Medical Dispatch Centers**

1571  
1572 1. Emergency Medical Dispatch Centers must provide ~~Emergency Medical Dispatch~~  
1573 Services twenty-four hours a day, every day, with full-time dispatch capability to  
1574 ensure that all calls for medical assistance received are processed in accordance with  
1575 32 M.R.S.A.M.R.S. §85-A, the Maine EMS-approved Emergency Medical Dispatch  
1576 Priority Reference System and these Rules.

1577  
1578 2. Emergency Medical Dispatch services must be implemented within the first 10  
1579 seconds of when a 9-1-1 call is received in at least ninety percent of the calls  
1580 received.

1581  
1582 3. Effective June 1, 2020, licensed EMD Centers at a minimum must provide the  
1583 Emergency Medical Dispatch Determinant code level and chief complaint to  
1584 responders as part of the Emergency Medical Services dispatch to a call for medical  
1585 treatment or transport on all calls received through the E-911 system.

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A. (Add definitions of determinant level and chief complaint)

§8. Termination of Center License

1. Any Emergency Medical Dispatch Center intending to terminate its operations must make written notification to Maine EMS and the Emergency Services Communications Bureau at least 30 days prior to the termination date. The Emergency Medical Dispatch Center shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the dispatch area(s). The notice must state:
  - A. The name of the Emergency Medical Dispatch Center;
  - B. The date of termination;
  - C. The names of the municipalities affected by the termination; and
  - D. The plan in place for 9-1-1 service and Emergency Medical Dispatch coverage for municipalities affected by the termination.

§9. ~~Transition To~~ Statewide Emergency Dispatch Protocol

1. ~~As of July 1, 2010 a~~All licensed Emergency Medical Dispatch Centers in Maine must exclusively use Board approved statewide Emergency Medical Dispatch protocols.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. §84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (NEW)

REPEALED AND REPLACED: October 1, 20009

May 1, 2013

1618 16 DEPARTMENT OF PUBLIC SAFETY

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1620 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

1621

1622 CHAPTER 4: AIR AMBULANCE SERVICE LICENSES

1623

1624 §1. No air ambulance service shall ~~operate-administer emergency medical services~~ unless it is  
 1625 duly licensed by the Board under these Rules. Licensure under this Chapter authorizes the  
 1626 licensee only to provide emergency medical care using an air ambulance, and does not constitute  
 1627 authority to provide air transportation. Such authority must be obtained from the Federal  
 1628 Aviation Administration and the United States Department of Transportation.

1629

1630 §2. **License Factors** – an air ambulance service license is issued for a specific:

1631

1632 1. Type of service - which may be:

1633

1634 A. Scene Response Air Ambulance Service;

1635

1636 B. Transfer Air Ambulance Service

1637

1638 C. Restricted Response Air Ambulance Service (RRAAS). In order to be  
 1639 licensed as a Restricted Response Air Ambulance Service, an applicant must  
 1640 demonstrate to the Board that the limited scope of the proposed service will  
 1641 fulfill a unique and/or unmet need regarding the air transport of patients in  
 1642 the state.

1643

1644 a. Only Ground Ambulance Services may apply for this type of  
 1645 license.

1646

1647 1. Notwithstanding the requirements of this Chapter, in order to  
 1648 receive a license as a RRAAS, an applicant must comply with any  
 1649 and all restrictions or modifications placed upon the licensee by the  
 1650 Board, including, but not limited to:

1651

1652 (a) The geographical locationsprimary service area to which the  
 1653 service may ~~respond to emergency medical calls or non-~~  
 1654 ~~emergency medical calls and the geographical locations to~~  
 1655 ~~which the service may transport a patient. The Board may~~  
 1656 ~~limit the aforementioned geographical locations to specific~~  
 1657 ~~airports, airstrips and/or landing zones~~provide emergency  
 1658 medical services; and

1659

1660 (b) The type and medical condition of patients that may be  
 1661 transported by the licensee. RRAAS is limited to response to  
 1662 non-emergency medical calls unless a Scene Response Air  
 1663 Ambulance Service or Transfer Air Service is unavailable to

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respond to emergency medical calls in the RRAAS response areas or unless the applicant has a plan, approved by the ~~Medical Direction and Practices~~ Maine EMS Board, that ~~establishes specific patient medical condition standards for the service.~~

2. Level of care - which may be:

~~A. EMT (Restricted Response Air Ambulance Services only).~~

~~B. Advanced Emergency Medical Technician (AEMT) (Restricted Response Air Ambulance Services only).~~

~~A. Paramedic (Scene Response Air Ambulance Services and Transfer Air Ambulance Services must be licensed at the Paramedic level).~~

C. B. Restricted Response Air Ambulance Services will be licensed and permitted at the same levels as their Ground Ambulance Service License.

3. Ownership

A. Upon request of the Board, an applicant for or licensee of an air ambulance service license must provide the Board with the identity and legal status (e.g., municipality, corporation, Limited Liability Company, sole proprietorship) of the person or entity that holds or is making application for the license. Failure to provide this information may result in the application being treated as incomplete.

B. The air ambulance service license will be issued in the name of the operator, individual or organization directly responsible for the medical care aspects of the service.

~~4. Service Area which includes:~~

~~A. Primary Air Ambulance Response Area: Any area to which the service is routinely made available when called to respond to pre-hospital emergency medical calls.~~

~~In defining a primary response area, a service will be expected to meet reasonable standards in regards to distance and response times from its base of operation to emergency scenes. Maine EMS will determine if such standards are met using the following criteria:~~

~~1. Dispatch time/availability of ambulance and crew;~~

~~2. Response times;~~



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~~3. Organized/coordinated dispatch;~~

~~4. Public perception;~~

~~5. Emergency responses across jurisdictions/public safety implications;~~

~~6. Impact on patient care;~~

~~But does not include any other area to which the service may be made available for non-emergency medical calls.~~

5.4. Base Location for Scene Response Air Ambulance & Transfer Air Ambulance Services

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or
- B. A service may apply for a single license to operate from multiple base locations provided it has a Service Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

**§3. Change in License Factors**

A service must receive a new license before changing any licensing factors.

**§4. Approval of License**

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

**§5. Licensing Standards**

- 1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100.00.
  - C. Demonstrate to Maine EMS that:

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1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed service area(s). The notice must state:
  - (a) The name and legal status of the entity making application.
  - (b) The name of the proposed service;
  - (c) The type of service proposed;
  - (d) The level of care to be provided;
  - (e) The names of the municipalities within the primary response area of the proposed service;
  - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
  - (g) The current mailing address of the Maine EMS office.
  
2. ~~The applicant has established a Maine EMS approved plan to integrate and coordinate the air ambulance service within the existing EMS system in the areas of proposed operation and a professional and community education program for those ambulance services, non-transporting services, public safety agencies and hospital personnel with whom the air ambulance service interacts. include~~The applicant has made a detailed manual of policies and procedures shall be available for reference in the flight coordination office and available for inspection by the state Maine EMS to assist with EMS system planning and resource coordination efforts. Personnel shall be familiar and comply with policies contained within the manual, which shall include~~This plan must include~~, but not be limited to:
  - (a) A written policy and procedure specifying the:
    - (i) Service's mission statement;
    - (ii) Scope of care to be provided by the service in accordance with Medical Direction and Practices Board-approved protocols; and

- 1801 (iii) Education, clinical experience and competency  
 1802 requirements of the medical crew commensurate  
 1803 with the scope of care to be provided.  
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 1805 (b) Notification phone numbers and access dispatch  
 1806 procedure, including identification of those who may  
 1807 request a mission and those who will approve missions;  
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 1809 (c) Capabilities of medical transport personnel;  
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 1811 (d) Type of aircraft vehicle(s) used and operational  
 1812 protocols specific to type;  
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 1814 (e) Coordination of medical protocols and operating  
 1815 practices with hospital and pre-hospital providers and  
 1816 other public safety agencies;  
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 1818 (f) Response and coverage area for the service;  
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 1820 (g) Preparation and stabilization of the patient;  
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 1822 ~~A safety program of policies and procedures specific to~~  
 1823 ~~patient care. A safety program of policies and procedures~~  
 1824 ~~specific to the operational environment (i.e. weather,~~  
 1825 ~~terrain, aircraft performance, and patient care issues) in~~  
 1826 ~~selection of transport mode.~~  
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 1828 (h) ~~An ongoing safety education program consisting of~~  
 1829 ~~patient preparation and personal safety around the~~  
 1830 ~~aircraft, including landing zone (LZ) designation and~~  
 1831 ~~communications for rotor wing services.~~  
 1832  
 1833 (i) Coordination of medical protocols and operating  
 1834 practices with those of the hospital and pre-hospital  
 1835 providers and public safety agencies with whom the  
 1836 service will interact;  
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 1838 (j) Ongoing familiarization for those ambulance and non-  
 1839 transporting services, public safety agencies, and  
 1840 hospital personnel with whom the air ambulance service  
 1841 may interact routinely.  
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 1843 (k) Scene Response Services must have ongoing safety  
 1844 communications program consisting of integration with  
 1845 Public Safety Answering Points and other emergency  
 1846 dispatch facilities in the state.

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~~(k) Scene Response Services must be able to demonstrate environmental integration with local community noise abatement utilizing procedures consistent with the “Fly Friendly Guidelines” published by Helicopter Association International.~~

(l) Procedures for acceptance of requests, referrals, and/or denial of service for medically related reasons.

(m) Geographical boundaries and features for the service area.

(n) Service area maps shall be readily available.

(o) Scheduled hours of operation

(p) Criteria for the medical conditions and indications or medical contraindications for flight.

(q) Field triage criteria for all trauma patients that include anatomic, physiologic, and situational components identified in order to risk-stratify injury severity and guide decisions as to activation, destination, and transport modality.

(r) Procedures for call verification and advisories to the requesting party.

(s) Acceptable destinations and landing areas.

(t) Procedures for medical crew assignments and notification including rosters of medical personnel.

(u) Written policy that ensures that air medical personnel shall not be assigned or assume cockpit duties concurrent with patient care duties and responsibilities.

(v) Written policy that directs air ambulance personnel to honor a patient request for a specific service or destination when the circumstances will not jeopardize patient safety or delay care.

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(w) Communications procedures.

(x) On-ground communications

(y) Flight cancellation procedures

(z) Mutual aid procedures

(aa) The licensee shall have a written plan that addresses the actions to be taken in the event of an emergency or patient crisis during transport operations.

(bb) Procedures for informing requesting party of flight procedures, anticipated time of helicopter arrival, and termination of flight.

(cc) Patient tracking procedures that shall assure air/ground position reports at intervals not to exceed fifteen minutes (inflight) and 45 minutes for ground

(dd) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post-accident incident plan as they apply/relate to patient care.

(ee) Services that respond to incident scenes and/or support disaster response shall provide Helicopter Safety and Landing Zone Procedures in a written format to all public safety/law enforcement agencies and hospital personnel who interface with the medical service that includes but is not limited to the following:

1. The identification, designation and preparation of appropriate landing zones.
2. Ground personnel safety in and around the aircraft
3. Ground to air communications
4. Victim recovery procedures in the post-crash or unanticipated incident

~~(f) Scene Response Services must be able to demonstrate environmental integration with local community noise abatement utilizing procedures consistent with the “Fly~~

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~~Friendly Guidelines” published by the Helicopter Association International.~~

~~(m) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post accident incident plan.~~

~~— The applicant is an aircraft operator, or will utilize an aircraft operator, who complies with that holds:~~

~~— s A current applicable Part 135 Federal Aviation Regulations (FAR) Part 135 certificate; and,~~

~~— Federal Aviation Administration (FAA) Operations Specifications A021 (rotor wing) and/or A024 (fixed wing); and,~~

~~is authorized by the FAA to provide air ambulance operations.~~

3. The applicant can readily provide possesses the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.

4. The applicant can provide personnel required by these Rules for the type of service and level of care proposed.

5. An applicant for a Scene responseResponse Air Ambulance Service or Restricted Response Air Ambulance Service must demonstrate full time dispatch capabilities.

6. The applicant possesses two-way radio communications equipment and frequencies for the proposed type of service, including, but not limited to the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules; and the designated Maine EMS statewide frequency "155.385."

~~3.—~~

7. The applicant has in effect a plan to ensure that the service’s equipment is compatible with the service’s licensed aircraft and with the flight environment to which the equipment will be exposed. Applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the

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service or medical crew. A license holder should immediately notify the Department/Agency Maine EMS and cease operations if the coverage required by this section is cancelled or suspended. The State Maine EMS will should not issue an air ambulance service license to an air ambulance service unless the applicant for a license or the licensee has:

- a. Evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property.
- a.b. Worker’s compensation coverage is required as defined by individual state regulating bodies.

~~—The applicant has in effect public liability insurance.~~

8. The applicant meets the quality assurance/quality improvement requirements of Chapter 18 of these Rules.

~~4.—~~

5.9.The applicant has a physician medical director who is:

- (a) Licensed and authorized to practice as a physician in Maine and is board certified in a specialty consistent to the mission of the service and ~~actively practices~~actively practices in the care and management of critically ill or injured adult and pediatric patients;
- (b) Experienced in both air and ground emergency medical services and is familiar with the national consensus criteria of appropriate utilization of air medical and ground inter-facility critical care services;
- (c) Responsible for supervising and evaluating the quality of medical care provided by the medical personnel and the program;
- (d) Actively involved in the selection, training and recurrent education and practice of the flight medical crew and has expertise with the flight environment, including flight physiology and the management of diseases affected by altitude;
- (e) Actively involved in the Quality Assurance / Quality Improvement (QA/QI) program for the service,

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including the review of all missions by a qualified physician and in administrative decisions affecting medical care provided by the service;

(f) Familiar with Maine EMS Protocols, the Maine Trauma System and the capabilities of referring and receiving hospitals;

(g) Knowledgeable of the capabilities and limitations of the aircraft used in the service; and,

(h) Responsible to ensure that appropriate aircraft, medical crew and equipment are provided for each mission based on a system of preflight patient evaluation for inter-hospital transports and an established protocol consistent with types of scene responses anticipated if so licensed.

(i) Has established a plan for on-line medical direction if needed during transport.

~~6. The applicant will use and monitor compliance with dispatch response criteria as approved and published by the Board.~~

~~7. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including regional and state public safety frequencies, the designated Maine EMS statewide frequency 155.385 and the hospital ambulance frequencies utilized in the service area(s) listed in these Rules.~~

8.10. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.

9.11. If the application is for a restricted air ambulance service, the service has either (1) guaranteed continuity of care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise addressed these concerns in a plan approved by



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Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.

~~10.12.~~ The applicant has submitted a quality assurance plan that is subject to Maine EMS approval and that includes review of all flights by a qualified physician pursuant to these Rules.

~~11.13.~~ The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 ~~M.R.S.A.~~M.R.S. § 92-A).

14. The applicant has designated a service director, who shall act as the point of contact for the service.

~~15. The applicant has designated a person whose serves as the training and education point of contact for the service.~~

~~16. The applicant demonstrates that all medical crew members are appropriately trained and qualified.~~

17. ~~The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine Emergency Medical ServicesEMS, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.~~

~~The applicant demonstrates that all medical crew members are appropriately trained and qualified.~~

~~The applicant has identified the designated infection control officer for the proposed service. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a designated infection control officer (ICO) for the purposes of receiving~~

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~~notifications and responses and making requests under 42 U.S.C. Chapter 6A, Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.~~

~~The applicant has entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications as required pursuant to these Rules. complies with the drugs and medication requirements in Chapter 6 of these Rules~~

~~12. The applicant has a Maine EMS approved risk management plan consistent with the mission of the service which requires reporting of aviation or ground ambulance accidents, incidents, or safety occurrences to Maine EMS and appropriate government agencies and the accountable individual with responsibility to report.~~

~~18. Scene Response Services must have a Maine EMS approved risk management program for night scene responses. The applicant complies with the drugs and medication requirements in Chapter 6 of these Rules.~~

2. Except as provided in paragraph 3, below, Aa service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month and may prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.

3. Effective January 1, 201720, initial and renewal service applications will be issued/renewed with a November 30, 201720 expiration date in order to establish a common month of expiration for all services. Maine EMS will prorate service and vehicle fees during the transition period.

4. Notwithstanding the notice requirements of §5(C) (1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of

2169 emergency medical services in the primary service area(s) listed in the  
2170 applicant's application.

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2173 **§6. Licensing Standards for Restricted Response Air Ambulance Services**

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2175 5. An application will not be accepted as complete unless it includes all  
2176 materials required to be evaluated for licensure. To obtain a new license, an  
2177 applicant must:

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2179 A. Apply on forms available from Maine EMS.

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2181 B. Demonstrate to Maine EMS that:

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2183 19. The applicant has made a detailed manual of policies and  
2184 procedures available for reference, which shall include, but  
2185 not be limited to:

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2187 (j) Education, clinical experience, and competency  
2188 requirements of the medical crew commensurate with  
2189 the scope of care to be provided.

2190  
2191 (k) Notification phone numbers and access dispatch  
2192 procedure, including identification of those who may  
2193 request a mission and those who will approve missions;

2194  
2195 (l) Type of aircraft vehicle(s) used and operational  
2196 protocols specific to type;

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2198 (m) Coordination of operating practices with hospital and  
2199 pre-hospital providers and other public safety agencies;

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2201 (n) Preparation and stabilization of the patient;

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2203 (o) A safety program of policies and procedures specific to  
2204 patient care.

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2206 (p) Procedures for acceptance of requests, referrals, and/or  
2207 denial of service for medically-related reasons.

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2209 (q) Criteria for the medical conditions and indications or  
2210 medical contraindications for flight.

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2212 (r) Acceptable destinations and landing areas.

2214 (s) Written policy that ensures that air medical personnel  
2215 shall not be assigned or assume cockpit duties  
2216 concurrent with patient care duties and responsibilities.  
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2220 (t) \_\_\_\_\_ The licensee shall have a written plan that addresses  
2221 the actions to be taken in the event of an emergency or  
2222 patient crisis during transport operations.  
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2224 20. Applicants for licensure must demonstrate liability coverage  
2225 for injuries to persons and for loss or property damages  
2226 resulting from negligence by the service or medical  
2227 crew. A license holder should immediately notify Maine  
2228 EMS and cease operations if the coverage required by this  
2229 section is cancelled or suspended. Maine EMS will not  
2230 issue a Restricted Response Air Ambulance service license  
2231 unless the applicant for a license or the licensee has:  
2232

- 2233 a. Evidence of medical professional liability  
2234 insurance that requires the insurer to compensate  
2235 for injuries to persons or unintentional damage to  
2236 property.  
2237 b. Worker’s compensation coverage is required as  
2238 defined by individual state regulating bodies.  
2239

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2241 21. The applicant meets the quality assurance/quality  
2242 improvement requirements of Chapter 18 of these Rules.  
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2244 22. The service has either (1) guaranteed continuity of care for  
2245 the patient by entering into written agreements with the  
2246 ambulance services that will transport its patients or (2)  
2247 otherwise addressed these concerns in a plan approved by  
2248 Maine EMS that includes as a component a written  
2249 agreement of this nature with at least one ambulance  
2250 service.  
2251

2252  
2253 6. Except as provided in paragraph 3, below, a service license is issued for a  
2254 period of 12 months. Maine EMS may issue a license that expires prior to  
2255 the twelfth month if it is determined that such a change is in the best interest  
2256 of the service and the system.  
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Notwithstanding the notice requirements of §5(C) (1), Maine EMS may issue a temporary service license for up to 60 days to an applicant if Maine EMS determines that issuance of the temporary license will avert the disruption of emergency medical services in the primary service area(s) listed in the applicant’s application.

§6. §7. Renewal of Service License

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
  
2. A licensee shall submit an application for renewal prior to the expiration date of the license. ~~To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license.~~ An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. ~~An air ambulance service service~~ with an expired license cannot ~~act as an air ambulance service~~ provide emergency medical services until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
  
3. In order to obtain and maintain a license renewal, a service must, for each base location:
  - A. Apply on forms available from Maine EMS;
  - B. Submit a fee of \$100.00;
  - C. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules;
  - ~~D. Scene Response Air Ambulance Services must demonstrate accreditation by the Commission for Accreditation of Medical Transport Systems (CAMTS), an accreditation organization approved by the Board that includes in its voting membership professional physicians, medical associations and medical transport associations.~~ Scene response air ambulance services must be fully accredited by a national or international accreditation service as recognized by the State, provided the accreditation service meets the following minimum standards:

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- a. Provides accreditation for no more than three consecutive years without an updated inspection and reaccreditation.
  - b. Has a multi-disciplinary Board of Directors representing medical transport organizations.
  - c. Uses trained site-surveyors with experience in medical transport at the level of accreditation and license.
  - d. Assures services that have identified standards deficiencies will implement corrective action or improvement plans to correct any deficiencies.
  - e. Has an open process that encourages and accepts comments on changes to its accreditation standards.
  - f. Provides transparency to the public on its standards, accreditation process, list of accredited programs, and policies and procedures.
- a-g. Maintains insurance (General liability, Medical Professional Liability, Directors & Officers and Travel) and be able to present their current certificates of insurance to the state licensing agency Maine EMS.

D.E. Scene Response Air Ambulance Services must submit on an annual basis, a utilization report to Maine EMS and the Medical Direction and Practices Board (MDPB) that includes at minimum:

- 1. Medically related data from all flights discharged from receiving hospitals in less than 24 hours;  
Annual utilization data, including night operations;
- 13. A review of all flights discharged from receiving hospitals in less than 24 hours;
- 14. Annual safety data including compliance with the services safety program and review of occurrence and incidents; and
- 2. Clinical performance data as requested by the MDPB.

**§8. Renewal of Service License for a Restricted Response Air Ambulance Service**

- 1. In order to obtain and maintain a license renewal, a service must, for each base location:
  - A. Apply on forms available from Maine EMS;
  - B. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules;

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§7. §9. Personnel Requirements for Air Ambulance Service Licenses

1. Scene Response Air Ambulance Services and Transfer Air Ambulance Services

A. The flight medical crew must consist of at least two people medically certified/licensed by the State. One of these crew members must be ~~trained and licensed at the Paramedic level licensed by Maine EMS or designated as a flight nurse pursuant to 32 M.R.S § 83.~~ and must have:

1. Successfully completed a course based upon standards approved by the Board that includes, but is not limited to, altitude physiology ~~and air operations safety;~~

~~2. Successfully completed a Maine EMS approved interfacility transport program;~~

2. Current certifications in any specialty programs as required, and published, by the Board.

3. Scene Response Air Ambulance Service must provide one crew member licensed at the Paramedic level while responding to scene requests.

4. All paramedics must have completed the Maine EMS Paramedic Interfacility Transport Program training.

B. Personnel in addition to the Paramedic will be utilized consistent with the patient's needs.

2. Restricted Response Air Ambulance Service

A. The flight medical crew must consist of at least one ~~person medically certified/Paramedic~~ EMS Person, Registered Nurse, Advanced Practice Nurse, Physician, or Physician's Assistant, licensed by the State, at or above the level to which the service is licensed ~~ed and who has completed a course in altitude physiology and air operations safety based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety.~~

B. Personnel in addition to the person identified in §7.~~2.A~~2. A of this chapter may be utilized consistent with the patient's needs.

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~~C. A Restricted Response Air Ambulance Service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must, for each base:~~

- ~~1. Apply on forms available from Maine EMS.~~
- ~~2. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.~~
- ~~3. Demonstrate that it can satisfy the requirements of Chapter 4 §5.1.C of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is an employee or member of the applicant service).~~
- ~~4. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements of Chapter 4 §5.1.C of these Rules.~~

3. A service must report to Maine EMS the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from the service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail

~~4. Services shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.~~

4. Pursuant to 42 U.S.C. §300ff-136, each emergency medical services agency licensed under this chapter shall designate an infectious control officer (ICO) to perform the duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease. Pursuant to 42 U.S.C. §300ff-136, each employer of emergency response employees in the State of Maine must have a



2443 designated infection control officer (ICO) for the purposes of receiving  
 2444 notifications and responses and making requests under 42 U.S.C. Chapter 6A,  
 2445 Subchapter XXIV, Part G. The licensee shall provide the ICO name and contact  
 2446 information to ~~Maine Emergency Medical Services~~Maine EMS, and promptly  
 2447 notify Maine EMS of any changes in ICO during the term of its license. Maine  
 2448 EMS will provide this information to the Department of Health and Human  
 2449 Services, Maine Center for Disease Control, Division of Infectious Disease.

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 2451  
 2452 **§8:§10.Service Availability for Response for Scene Response & Transfer Air Ambulance**  
 2453 **Services**

2454  
 2455 ~~1.—An air ambulance service offering response to emergency medical calls in the~~  
 2456 ~~service’s primary response area must be available twenty four hours a day, except~~  
 2457 ~~as limited by safety considerations.~~

2458  
 2459 2.1. An air ambulance service must provide **prompt** notification to the requesting agency  
 2460 of the air ambulance’s estimated time of arrival to the scene of a medical emergency  
 2461 or interfacility transfer pick-up location. ~~This notification shall be made in as~~  
 2462 ~~timely manner as possible.~~ Changes in estimated time of arrival will be  
 2463 immediately communicated to the requesting agency by the air ambulance service.

2464  
 2465 3.2. Failure of a service to comply with these response requirements will be reviewed by  
 2466 Maine EMS to determine if corrective action is required. Maine EMS shall notify  
 2467 the service of any required corrective action and shall set a reasonable amount of  
 2468 time for the service to carry out this action.

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 2470 **§9:§11.Patient Care Report**

2471  
 2472 For each request for service, or for each patient when more than one patient is involved in a call,  
 2473 an air ambulance service must complete and submit an electronic Maine EMS patient care report  
 2474 as specified by Maine EMS, within ~~1 business day~~twenty-four hours.

2475  
 2476 Add note for additional report for RRAAS requirement for noting it was an RRAAS call

2477  
 2478 **§10:§12. Pilot Projects**

2479  
 2480 For the purpose of evaluating the workability and appropriateness of incorporating a particular  
 2481 emergency medical treatment technique or a type of equipment into any licensure level, the  
 2482 Board may elect to exempt a service from the requirements of the relevant licensure level so as  
 2483 to permit the service to utilize the designated techniques or equipment on an experimental basis.  
 2484 Such authorizations may be continued at the discretion of ~~the Board~~the Board ~~but will be limited~~  
 2485 ~~to a maximum of three years~~. Such authorizations should not be construed as levels of licensure.

2486  
 2487 **§11:§13. Scene Response & Transfer Air Ambulance Vehicles ~~–General~~**

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1. Except as otherwise exempted by 32 ~~M.R.S.A.~~M.R.S. § 82 and §12 of this chapter, no aircraft ~~shall be operated as an air ambulance from~~ shall provide emergency medical services within Maine unless it is licensed as an ambulance under these Rules.
  
2. An air ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will ~~prorate the vehicle licensing fee for a service licensing a new vehicle within its one year service license period to assure~~ensure concurrent expiration dates for service and vehicle licenses.
  
3. An aircraft licensed as an air ambulance ~~shall meet all applicable FAA standards and~~ must be maintained in a clean and sanitary condition, free from interior corrosion, dirt, or contaminating foreign matter.
  
4. An ~~air ambulance vehicle~~ license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 4 §12.2 of these Rules. If a service is required to relicense under Chapter 4 §3 of these Rules because of a change of ownership, then all of the service's vehicle licenses end, and the service must apply for new vehicle licenses. The fee for licensing a vehicle is \$60.00.
  
5. When a service acquires a new or used ~~vehicle~~air ambulance under Chapter 4 § 12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the ~~prorated portion of the annual~~ vehicle licensing fee necessary to license the vehicle ~~until the service's next licensing anniversary~~. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
  
6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be sure that it is ~~safe~~, clean, and otherwise in conformity with these Rules. If a vehicle does not pass inspection and its continued operation presents a hazard to health or safety, ~~Maine EMS the Board~~ may ~~order it removed from service as an air ambulance~~suspend its license to provide emergency medical services at once consistent with Maine Law (See 5 ~~M.R.S.A.~~M.R.S. §10004 and 4 M.S.R.A. §184). Alternatively, if the continued operation of the air ambulance aircraft at the level of care for which it is permitted pursuant to Chapter 4 §2(2) of these Rules presents a hazard to health or safety, the Board may immediately suspend the aircraft's level of care permit consistent with Maine law (see 5 M.R.S. §10004 and 4 M.R.S. §184) and allow the aircraft to operate at the next lowest level of care for which it is properly equipped. If the deficiencies are not such as to require the ~~aircraft's immediate removal from service as an air ambulance~~immediate suspension of the aircraft's license to provide emergency medical services or the immediate suspension of its level of care permit, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to ~~operate the aircraft as an air ambulance~~provide emergency medical services -while bringing it into conformity with the law and Rules. If the aircraft is not brought into conformity within the time set, Maine EMS may refuse to renew, or

seek revocation of, the aircraft's ~~ambulance vehicle license~~license to provide emergency medical services.

~~§12.~~§14. **Scene Response & Transfer Air Ambulance Vehicle Licensing Requirements**

1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed air ambulance service for providing emergency medical services more than four times in any one-year period must be licensed to the respective service. An air ambulance vehicle may be licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.
2. Temporary Air Ambulance Vehicles ~~—~~ Any air ambulance vehicle used for patient transport by a licensed air ambulance service no more than four times in any one-year period will be considered to be duly licensed to that service by the Board if it meets the requirements of this chapter. Within 7 days after such a transport, the service must notify Maine EMS of the date, time, and origin/destination points of the transport as well as the type and registration number of the aircraft and the reason for its use instead of a ~~“permanent”~~ vehicle. Maine EMS will place this information in the service file and may inspect the aircraft.

~~§13.~~§15. **Scene Response and Transfer Air Ambulance Vehicle Design Requirements**

1. ~~An air ambulance vehicle must comply with all Federal Aviation Administration (FAA) requirements for aircraft and air ambulance services. In addition,~~ Maine EMS requires that an aircraft licensed by the Board must:
  - ~~A. Be multi-engine if licensed by a Scene Response Air Ambulance Service or Transfer Air Ambulance Service. A Restricted Response Air Ambulance Service may receive Board licensure for a single engine aircraft provided that:~~
  - ~~B. The aircraft engine is a gas turbine type;~~
  - ~~C. The licensee demonstrates that the aircraft operator maintains and routinely practices engine failure contingency plans specific to the restricted operations area designated by the Board;~~
  - ~~D. The aircraft is routinely operated according to FAA Visual Flight Rules (VFR).~~
  - ~~E. If a rotorcraft, be equipped with a 180 degree controllable searchlight of at least 400,000 candlepower and a functioning radar altimeter or other approved terrain warning system.~~

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~~F.A.~~ Be configured to allow medical attendants to have full-body patient view and access, and access to equipment and supplies in order to initiate both basic and advanced life support emergency procedures;

~~G.B.~~ Be designed and configured for patient placement that allows for safe crew egress without compromising patient stability during loading, unloading or in-flight operations;

~~H.C.~~ Be configured to allow operation of the aircraft doors from the interior and that the doors be capable of being fully opened and held by a mechanical device;

~~I.D.~~ Have sufficient space to accommodate at least one patient on a stretcher, two medical attendants, and the medical equipment required;

~~J.E.~~ Be equipped with a ~~FAA-approved~~ patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR) or a backboard or equivalent device to achieve CPR must be readily available;

1. Patients under 60 pounds (27 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device;

2. All patients under 40 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;

~~3. If a car seat is used to transport an infant or child—it must have a FAA-approved sticker;~~

~~4.3.~~ There must be some type of restraining device within an isolette to protect the patient in the event of air turbulence and the isolette must be capable of being opened from its secured position in order to provide full access to the infant in the event of complicated airway problems or extrication from the isolette becomes necessary;

~~5.4.~~ There shall be access and necessary space to ensure any on-board patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.

~~K.F.~~ Be equipped with ~~FAA-approved~~ safety belts and securing restraints adequate to stabilize and secure any patient, medical attendants, ~~pilots, other~~

- 2624 ~~individuals~~, and equipment ~~shall be provided~~. Medical attendants must be  
 2625 able to wear seat belts while having access to the patient's head and upper  
 2626 body;
- 2627
- 2628 L.G. Be large enough to accommodate loading of a stretcher without rotating it  
 2629 more than 30 degrees about the longitudinal axis or 45 degrees about the  
 2630 lateral axis of the patient and does not compromise functioning of  
 2631 monitoring systems, intravenous lines and manual or mechanical ventilation;  
 2632
- 2633 M.H. Be equipped with climate controls capable of preventing adverse effects  
 2634 on patients or medical personnel on board;  
 2635
- 2636 N.I. Be configured so that operational controls and communications equipment  
 2637 are protected from intended or accidental interference by the patient, medical  
 2638 transport personnel, medical equipment or medical supplies;  
 2639
- 2640 O.J. Be designed and configured so that the head-strike envelope for the patient  
 2641 and medical attendants is clear of objects or surfaces that could cause injury  
 2642 in the event of air turbulence or sudden hard landing. Medical ~~and Flight~~  
 2643 crews in rotorcraft must wear ~~FAA-approved~~ helmets.  
 2644
- 2645 P.K. Be pressurized if an altitude is to be flown which would otherwise  
 2646 compromise the patient's condition.  
 2647
- 2648 Q.L. Be equipped with an ~~FAA-approved~~ oxygen system with adequate  
 2649 capacity and available oxygen for every mission. Oxygen tanks must be  
 2650 secured to prevent movement. No oxygen tank may be secured on the area  
 2651 of the stretcher designed for patient placement.  
 2652
- 2653 1. Medical transport personnel will be able to determine if oxygen is  
 2654 “on” by in-line pressure gauges mounted in the patient care area  
 2655 indicating quantity of oxygen remaining and measurement of liter  
 2656 flow;  
 2657
  - 2658 2. Each gas outlet will be clearly marked for identification, and  
 2659 oxygen flow can be stopped at or near the oxygen source from  
 2660 inside the aircraft or ambulance;  
 2661
  - 2662 3. Oxygen flow meters and outlets must be padded, flush mounted, or  
 2663 so located to prevent injury to medical transport personnel;  
 2664
  - 2665 4. There must be a back-up source of oxygen (of sufficient quantity  
 2666 to get safely to a facility for replacements) in the event the main  
 2667 system fails. This back-up source can be the required portable tank  
 2668 as long as the portable tank is accessible in the patient care area  
 2669 during flight and must be located and ~~secured in a FAA-approved~~

- 2670 ~~design~~. Under no circumstances will a portable tank be located
- 2671 between the patient's legs.
- 2672
- 2673 R.M. Be designed so that hangers/hooks are available to secure IV solutions, or
- 2674 a mechanism is provided for delivery of high flow fluids. IV hooks must be
- 2675 padded, flush mounted, or so located to prevent head trauma to the medical
- 2676 transport personnel in the event of a hard landing in the aircraft;
- 2677
- 2678 S.N. Be designed so that medications, medical supplies and equipment -
- 2679 consistent with the service's scope of care and necessary for patient medical
- 2680 care - are accessible to the flight medical crew while they are secured in
- 2681 seatbelts;
- 2682
- 2683 F.O. Be designed so that the cardiac monitor, defibrillator and external
- 2684 pacemaker displays are visible and that the equipment is secured and
- 2685 positioned to provide easy access by the flight medical crew while they are
- 2686 secured in seatbelts. Extra batteries or other power source must be available;
- 2687
- 2688 U.P. Be designed and configured so that the service's mission and ability to
- 2689 transport two or more patients does not compromise the airway or
- 2690 stabilization or the ability to perform emergency procedures on any on-board
- 2691 patient, and be designed to provide access for simultaneous airway
- 2692 management if there is a two-patient configuration;
- 2693
- 2694 V.Q. Be designed so that the floor, sides and ceiling in the patient compartment
- 2695 have a surface capable of being cleaned and disinfected in accordance with
- 2696 Occupational Safety and Health Administration regulations.
- 2697
- 2698 W.R. Have overhead illumination at the patient level sufficient for patient care.
- 2699
- 2700 ~~X.~~ ~~Be configured and/or equipped to protect the pilot's night adaptation vision.~~
- 2701
- 2702 Y.S. Carry, ~~in addition to FAA required communications equipment,~~ radios
- 2703 capable of communicating: with all Maine hospitals which may be over
- 2704 flown; Maine EMS Statewide frequency 155.385; with the flight service
- 2705 dispatch; and with personnel on the ground if scene pickups are routinely
- 2706 conducted. Headset equipment for pilot/medical crew communication is
- 2707 required if such communication would not otherwise be possible.
- 2708
- 2709 Z.T. Be capable of communications utilizing the designated Maine EMS
- 2710 statewide frequency "155.385".
- 2711
- 2712 AA.U. Be equipped with an ~~FAA approved~~ electrical power source(s) that
- 2713 will accommodate commonly carried medical equipment (AC or DC
- 2714 powered) without compromising the operation of any aircraft electrical
- 2715 equipment and that is not dependent upon a portable battery.

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~~BB.V. \_\_\_\_\_ Be configured and equipped so as to prevent interference with medical, communications, avionics and other aircraft systems.~~

~~CC. — Be equipped with a suction aspirator that must be powered by the aircraft’s electrical or engine vacuum system and that must be capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.~~

**§14. §16. Air Ambulance Service Equipment Requirements**

1. ~~As of August 1, 2004, a~~All medical equipment and medical supplies carried on an air ambulance vehicle shall be ~~natural rubber~~ latex free.
  - A. Transfer Air Ambulance Services must utilize equipment consistent with the patient's needs and must carry as a minimum, that equipment listed in these Rules.
  - B. Scene Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules unless an air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance. All medical equipment and supplies must be secured. ~~according to FAR.~~
  - C. Restricted Response Air Ambulance Services must comply carry with them on the air ambulance any equipment ~~requirements included in these Rules up to and including the service’s license or permit level, unless the air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance.~~ necessary to continue patient care.

**§15. — License Waiver**

1. ~~It is not the intent of these Rules to prohibit transport of a patient, in extraordinary circumstances, in an aircraft not licensed as an air ambulance when it is in the best interest of the patient, and no licensed air ambulance is available within a reasonable time as determined by on-line medical control.~~
2. ~~An aircraft not licensed as an air ambulance, and not operated by an air ambulance licensee, may be used to transport a patient when:~~
  - A. ~~The licensed ambulance service transporting the patient has determined after consultation with on-line medical control that transport by an unlicensed air ambulance is in the best interests of the patient;~~

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- ~~B. A record of the run that documents the medical control transport order, attempts by medical personnel to secure a licensed air ambulance service to perform the run, and the circumstances and rationale for the transport is submitted to Maine EMS within 10 days of the run;~~
- ~~C. An aircraft is used that is FAA certified and that allows head/torso access by medical crew;~~
- ~~D. An FAA license appropriate for the aircraft and run is held by the pilot;~~
- ~~E. The Board has not forbidden the ambulance service from conducting unlicensed air ambulance runs;~~
- ~~F. The medical crew (except as provided for in 32 M.R.S.A.M.R.S. § 86(2) consists of at least one person licensed by Maine EMS at the level that is medically required for care of the patient. Personnel in addition to the required medical crew member will be utilized consistent with the patient's needs;~~
- ~~G. The flight medical crew carries equipment and supplies as required for care appropriate to the patient's condition; and~~
- ~~H. The ambulance service initiating the air transport/transfer ensures that a method of communications has been established to allow for communications among the transporting medical crew, the receiving ground ambulance service and local medical control.~~

§17. Duty to Report

- 2. A licensee or an applicant for licensure under this chapter shall notify the Board in writing within 10 days of a:
  - A. Change of name or address;
  - B. Criminal ~~Convictions~~conviction;
  - C. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee; or,
  - D. Material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

AUTHORITY: 32 ~~M.R.S.A.M.R.S.~~, Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982



<b>2808</b>		December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
<b>2809</b>		January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
<b>2810</b>	11.1067	
<b>2811</b>		April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
<b>2812</b>		January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
<b>2813</b>		September 1, 1986
<b>2814</b>		August 25, 1987 - Sec. 5, 6.011 and 12 (added)
<b>2815</b>		July 1, 1988
<b>2816</b>		March 4, 1992
<b>2817</b>		September 1, 1996
<b>2818</b>	EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000
<b>2819</b>	REPEALED AND REPLACED:	July 1, 2000
<b>2820</b>		July 1, 2003
<b>2821</b>		October 1, 2009
<b>2822</b>		May 1, 2013
<b>2823</b>		

2824 16 DEPARTMENT OF PUBLIC SAFETY

2825

2826 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2827

2828 CHAPTER 5: PERSONNEL LICENSES

2829

2830 §1. Personnel licenses are issued for the following levels of care, in ascending order:

2831

2832 1. Emergency Medical Responder (EMR)

2833

2834 ~~2.—Ambulance Attendant—No new licenses at this level issued after September 1, 1996~~

2835

2836 ~~A.—Effective December 1, 2014, Maine EMS licensed Ambulance Attendant~~  
 2837 ~~licenses will convert to the Emergency Medical Responder level,~~  
 2838 ~~maintaining the same expiration date as that of the Ambulance Attendant~~  
 2839 ~~license it replaces.~~

2840

2841 ~~3.2.~~ Emergency Medical Technician (EMT)

2842

2843 ~~4.3.~~ Advanced Emergency Medical Technician (AEMT)

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2845 ~~5.—EMT—Critical Care (EMT-CC)—No new licenses issued at this level after January~~  
 2846 ~~1, 1998.~~

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2848 ~~A.—Effective June 1, 2016, Maine EMS licensed Critical Care licenses will~~  
 2849 ~~convert to the AEMT level, maintaining the same expiration date as that of~~  
 2850 ~~the Critical Care license it replaces.~~

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2852 ~~6.4.~~ Paramedic

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2854 §2. Scope of Practice. The U.S. Department of Transportation’s National Highway Traffic  
 2855 Safety Administration’s (“NHTSA”) National EMS Scope of Practice Model,  
 2856 FebruarySeptember 20072018 edition, defines the scope of practice for Emergency Medical  
 2857 Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and  
 2858 Paramedics. Accordingly, the National EMS Scope of Practice Model, February 2007September  
 2859 2018 edition, which is available at [address], is incorporated by reference Licensees may perform  
 2860 the following treatments:

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2862 1. **Basic Emergency Medical Treatment:** All licensed personnel may ~~provide~~perform  
 2863 basic emergency medical treatment within the scope of their ~~training as defined by~~  
 2864 ~~Maine EMS approved curriculaeducation and trainingpractice as defined below,~~ as  
 2865 permitted by protocol and in accordance with this chapter of the Rules.

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A. **Emergency Medical Responder** NHTSA’s National EMS Scope of Practice Model, February 2007September 2018 edition, defines the scope of practice for a person licensed at the Emergency Medical Responder level. An Emergency Medical Responder’s clinical practice is defined by Maine EMS protocol. A person licensed at the Emergency Medical Responder level may operate without the supervision of another Maine EMS licensee at the scene of a medical emergency until such time that a person licensed above the Emergency Medical Responder level arrives at the scene. Once on the scene, personnel licensed above the Emergency Medical Responder level are responsible for supervising Emergency Medical Responder licensed personnel, who may not operate without such supervision.

~~Final p~~ Patient immobilization for transport, patient loading, and patient care during transport must be directly supervised by personnel licensed above the Emergency Medical Responder level. Any basic emergency medical treatments not ~~contained in the current Emergency Medical Responder course curriculum approved by Maine EMS described in the scope of practice for an Emergency Medical Responder in NHTSA’s National EMS Scope of Practice Model, February 2007September 2018 edition,~~ may only be performed while assisting, and in the presence of personnel licensed above the Emergency Medical Responder level.

One EMS provider licensed at or above the EMT level must accompany the patient in the patient compartment of the ambulance during transport.

~~B. Emergency Medical Technician~~ NHTSA’s National EMS Scope of Practice Model, February 2007September 2018 edition, defines the scope of practice for a person licensed at the Emergency Medical Technician level. An Emergency Medical Technician’s clinical practice is defined by Maine EMS protocol. A person licensed at the EMT level may, in addition to basic emergency medical treatment, performprovide the following skills or treatments, within the scope of their Maine EMS approved education and training as defined by Maine EMS approved curricula as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this chapter of the Rules: :

- ~~1. IV maintenance (non-medicated fluids).~~
- ~~2. Under direct supervision of an Advanced Emergency Medical Technician (AEMT) or above, set-up of intravenous administration equipment and attachment of cardiac monitor leads to a patient.~~
- ~~3. Assisting a patient in the administration of the patient’s own medication.~~

~~4. Drug and medication administration, and procedures as approved by the Board and as allowed by Maine EMS protocol.~~

~~C.B.~~ C.B. Additions ~~For~~ for Emergency Medical Technicians With Certification As "Wilderness EMT"

Any licensee certified as a Wilderness Emergency Medical Technician (WEMT), consistent with Chapter 2 of these Rules, may apply ~~the~~ the WEMT emergency medical care as allowed by the Maine EMS protocol.  
~~principles for cardio-respiratory arrest, spinal injury, dislocations, and wounds taught in the course, when in the context of delayed/prolonged transport as defined in that course, and as consistent with Maine EMS protocols.~~

~~7.2.~~ 7.2. **Advanced Emergency Medical Treatment:** ~~The following a~~ Advanced emergency medical treatments may be provided only by those licensed at, or above, the levels indicated, within the scope ~~their practice as defined below~~ of training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this section of the Rules:

**C. Advanced Emergency Medical Technician (AEMT):** NHTSA's National EMS Scope of Practice Model, February 2007~~September 2018~~ edition, defines the scope of practice for a person licensed at the Advanced Emergency Medical Technician level. An Advanced Emergency Medical Technician's clinical practice is defined by Maine EMS protocol.~~All practices, skills and techniques authorized at the Emergency Medical Technician (EMT) level; advanced life support airway—Blind Insertion Airway Devices; IV/IO therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic external or manual); drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; and other techniques and practices approved and published by the Board.~~

~~**D. EMT-Critical Care:** All practices, skills and techniques authorized at the Advanced Emergency Medical Technician (AEMT) level; advanced life support airway endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; and other techniques and practices approved and published by the Board.~~

**D. Paramedic:** NHTSA's National EMS Scope of Practice Model, February 2007~~September 2018~~ edition, defines the scope of practice for a person licensed at the Paramedic level. A Paramedic's clinical practice is defined by Maine EMS protocol.

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~~E. All practices, skills and techniques authorized at the Advanced Emergency Medical Technician (AEMT) level; advanced life support airway-endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; chest decompression; transtracheal insufflation; cricothyrotomy; and other techniques and practices approved and published by the Board.~~

F.E. Paramedic Inter-Facility Transfer (PIFT) - In order to practice as a PIFT provider, a Maine licensed Paramedic must:

- (a) Complete a Maine EMS approved PIFT provider course; and,
- (b) Be affiliated with a Maine EMS licensed service that is approved by the Board to provide PIFT services.

8.3. A licensee may perform emergency medical treatment when:

- A. The licensee practices in accordance with Maine EMS ~~Protocols~~protocol.
- B. The licensee acts with the approval of the ambulance crew member in charge of the call.

§3. Patient Care Report:

~~\_\_\_\_\_~~In addition to providing patient care, ~~licensee~~the licensees who provided primary patient care isare responsible for completing and

~~\_\_\_\_\_~~submitting an electronic Maine EMS patient care report, as specified by Maine EMS, for

~~\_\_\_\_\_~~each request for service, or for each patient when more than one patient is involved in a

~~\_\_\_\_\_~~call. Reports must be submitted within ~~one business day~~twenty-four hours.

§4. A license is valid for three years from the month of issuance unless otherwise specified in these Rules. A license issued on or after MayNovember 1, 2021-1, 2020, will be valid for a period of two years from the month of issuance unless otherwise specified in these Rules.

§4.5. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:

- 1. Provide proof of parental consent if the applicant is less than 18 years of age. No application for licensure by a person under 18 years of age will be approved unless the service(s) with which the applicant will be practicing emergency medical care

3004 submits and maintains a Maine EMS-approved plan for supervision. No one under  
3005 the age of 16 may be licensed.

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3007 An applicant must be at least 18 years of age in order to be eligible for  
3008 licensure above the EMT level.

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3010 —Not have received a three-year Maine EMS license at the same level within the past  
3011 year. ~~—Effective May 1, 2020~~ November 1, 2021 – Not have received a two  
3012 year two-year Maine EMS license at the same level within the past year.

3013 2.

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3015 ~~3.—Be able to read, write, speak, and understand the English language.~~

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3017 ~~4.—Be physically capable of performing the practices included in the license level~~  
3018 ~~applied for, as described by the approved Maine EMS functional position~~  
3019 ~~description and as indicated by the ability to pass the appropriate state practical~~  
3020 ~~examination.~~

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3022 5.3. Submit the following to Maine EMS:

3023 A. A completed Maine EMS application signed by the applicant.

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3025 B. Certification of Board-approved training or training judged by Maine EMS  
3026 to be equivalent. If the training was completed more than a year prior to  
3027 application, a license may be issued that is valid for three years (two years  
3028 after May 1, 2020 November 1, 2021) from the month of the training  
3029 completion date (or from the month of the required test if that preceded  
3030 training completion). Board approved training includes a Board approved  
3031 initial course at the appropriate level, or a course judged by Maine EMS to  
3032 be equivalent.

3033  
3034 C. Certification of Board-approved continuing education hours (CEH) at the  
3035 appropriate level, or continuing education hours judged by Maine EMS to be  
3036 equivalent, in the case of an applicant whose Maine license is current or not  
3037 expired by more than two years, or who submits a history of training which  
3038 Maine EMS accepts as qualifying him/her to use continuing education hours  
3039 for licensure.

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3042 ~~1.—The categories for CEH are:~~

- 3043  
3044 ~~(a) Category 1—Operations~~  
3045 ~~(b) Category 2—BLS Topics~~  
3046 ~~(c) Category 3—BLS Skills~~  
3047 ~~(d) Category 4—ALS Topics~~  
3048 ~~(e) Category 5—ALS Skills~~  
3049 ~~(f) Category 6—Electives~~

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~~(g) Category 7—Instructor Coordinator Recertification~~

1. CEH must be of the type and amount appropriate to the level, and may be used to fulfill training requirements provided that:
  - (a) The applicant's Maine license is current or not expired by more than two years; and
  - (b) Certificates of continuing education hours have not been used for a previous license ~~renewal, and renewal and~~ have been earned within the past ~~three~~two years. "Training completion date" for the purpose of setting a license expiration date will be the date of the most recently completed continuing education program, which is submitted for licensure.
  - (c) Continuing education hours appropriate to each level are as follows:
    - ~~(i) Emergency Medical Responder—26 total hours: 4 hours in category 1; 8 hours in category 2; 8 hours in category 3; and 6 hours in category 6.~~
    - ~~(ii) Ambulance Attendant—32 total hours: 6 hours in category 1; 10 hours in category 2; 8 hours in category 3; and 8 hours in category 6.~~
    - ~~(iii) EMT—38 total hours: 8 hours in category 1; 12 hours in category 2; 8 hours in category 3; and 10 hours in category 6.~~
    - ~~(iv) Advanced Emergency Medical Technician (AEMT)—46 total hours: 8 hours in category 1; 6 hours in category 2; 4 hours in category 3; 16 hours in category 4; 4 hours in category 5; and 8 hours in category 6.~~
    - ~~(v) EMT-CRITICAL CARE—52 total hours: 8 hours in category 1; 7 hours in category 2; 4 hours in category 3; 18 hours in category 4; 6 hours in category 5; and 9 hours in category 6.~~
    - ~~(vi) PARAMEDIC—58 total hours: 8 hours in category 1; 8 hours in category 2; 4 hours in category 3; 20 hours in category 4; 8 hours in category 5; and 10 hours in category 6.~~

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~~(vii) The above requirements for category 6 (electives) may be satisfied by completing CEH programs in that category or by utilizing excess CEH credit accumulated in Categories 1–5.~~

~~(d) Effective May 1, 2013, continuing education hour (CEH) categories will change to the categories listed below. All current CEH earned by a licensee prior to the May 1, 2013 categories change will convert to the new categories as indicated:~~

~~(i) Category 1—EMS Operations convert to Preparatory and Operations~~

~~(ii) Category 2—BLS Topics and Category 4—ALS Topics convert to Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma or Obstetrics and Pediatrics, as applicable~~

~~(iii) Category 3—BLS Skills convert to BLS Psychomotor Skills~~

~~(iv) Category 5—ALS Skills convert to ALS Psychomotor Skills~~

~~(v) Category 6—Electives convert to Further Continuing Education.~~

~~(e) Concurrent with the CEH change on May 1, 2013, continuing education hours required for each level will be:~~

~~(i) Emergency Medical Responder—26 total hours: 4 hours in Preparatory and Operations; 8 hours total in any of the following categories—Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 6 hours in Further Continuing Education~~

~~(ii) Ambulance Attendant—32 total hours: 6 hours in Preparatory and Operations; 10 hours total in any of the following categories—Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 8 hours in Further Continuing Education~~



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- ~~(iii) — EMT — 38 total hours: 8 hours in Preparatory and Operations; 12 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 10 hours in Further Continuing Education~~
- ~~(iv) — Advanced Emergency Medical Technician (AEMT) — 46 total hours: 8 hours in Preparatory and Operations; 22 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 4 hours in ALS Psychomotor Skills; and 8 hours in Further Continuing Education~~
- ~~(v) — EMT Critical Care — 52 total hours: 8 hours in Preparatory and Operations; 25 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 6 hours in ALS Psychomotor Skills and 9 hours in Further Continuing Education~~
- ~~(vi) — Paramedic — 58 total hours: 8 hours in Preparatory and Operations; 28 hours total in any of the following categories — Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours in ALS Psychomotor Skills; and 10 hours in Further Continuing Education~~
- ~~(f) Effective May 1, 2016, continuing education hour requirements will be:~~
  - (i) Emergency Medical Responder - 32 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 2 hours in Patient Assessment; 4 hours in Medical; 4 hours in Trauma; 4 hours in Obstetrics and Pediatrics; and 8 hours in BLS Psychomotor Skills.
  - (ii) EMT - 52 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in

3186 Obstetrics and Pediatrics; 8 hours in BLS Psychomotor  
 3187 Skills; and 8 hours in Further Continuing Education  
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3189 (iii) Advanced Emergency Medical Technician (AEMT)-  
 3190 56 total hours consisting of: 2 hours in Preparatory and  
 3191 Operations; 12 hours in Airway, Breathing and Cardiac;  
 3192 4 hours in Patient Assessment; 8 hours in Medical; 6  
 3193 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4  
 3194 hours in BLS Psychomotor Skills; 4 hours in ALS  
 3195 Psychomotor Skills; and 8 hours in Further Continuing  
 3196 Education.  
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3198 (iv) Paramedic - 72 total hours consisting of: 2 hours in  
 3199 Preparatory and Operations; 16 hours in Airway,  
 3200 Breathing and Cardiac; 4 hours in Patient Assessment;  
 3201 12 hours in Medical; 8 hours in Trauma; 8 hours in  
 3202 Obstetrics and Pediatrics; 4 hours in BLS Psychomotor  
 3203 Skills; 8 hours in ALS Psychomotor Skills; and 10  
 3204 hours in Further Continuing Education  
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3206 (d) Effective For license renewals on or after ~~May~~ July 1,  
 3207 2020 ~~November 1, 2020~~, continuing education hour  
 3208 requirements for a three-year license will be:  
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3210 (i) Emergency Medical Responder - 32 total hours  
 3211 consisting of: 28 hours in Preparatory and  
 3212 Operations BLS Skills and 30 24 hours in any in any of  
 3213 the following categories, with a minimum of 2 hours in  
 3214 each category - Airway, Breathing Respiratory, and  
 3215 Ventilation, Cardiologyae, Patient Assessment,  
 3216 Medical, Trauma, and Obstetries and  
 3217 Pediatries Operations.  
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3219 (ii) EMT - 52 total hours consisting of: 28 hours in  
 3220 Preparatory and Operations BLS Skills and 50 44 hours  
 3221 total in any of the following categories, with a  
 3222 minimum of 2 hours in each category - Airway,  
 3223 Respiratory, and Ventilation, Cardiology, Medical,  
 3224 Trauma, and Operations.  
 3225 Airway, Breathing and Cardiac, Patient Assessment,  
 3226 Medical, Trauma and Obstetries and Pediatries.  
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3228 (iii) -Advanced Emergency Medical Technician (AEMT)-  
 3229 56 total hours consisting of: 4-2 hours in  
 3230 Preparatory ALS Skills and 4 Hours in BLS Skills and  
 3231 Operations and 54 48 hours total in any of the

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following categories, with a minimum of 3 hours in each category - Airway, Respiratory, and Ventilation, Cardiology, Medical, Trauma, and Operations. ~~Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.~~

(iv) Paramedic - 72 total hours consisting of: ~~2~~ 8 -hours in Preparatory and Operations ALS Skills, 4 Hours in BLS Skills -and 70 60 hours total in any of the following categories, with a minimum of 4 hours in each category -- Airway, Respiratory, and Ventilation, Cardiology, Medical, Trauma, and Operations. ~~Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics.~~

(e) Effective July 1, 2021 For license renewals on or after November 1, 2021, continuing education hour requirements for a two-year license will be:

(v) Emergency Medical Responder - 24 total hours in any of the following categories - Airway, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

(vi) EMT - 44 total hours in any of the following categories - Airway, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

(vii) Advanced Emergency Medical Technician (AEMT)- 48 hours total in any of the following categories - Airway, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

(viii) Paramedic - 60 hours total in any of the following categories - Airway, Respiratory, and Ventilation (ARV), Cardiology, Medical, Trauma, and Operations. The licensee must also provide an accompanying skills competency verification.

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(f) ~~Effective May 1, 2020~~ For license renewals on or after ~~November 1, 2022~~, Continuing Education Requirements will be based upon a two-year licensing cycle and shall be in accordance with the [National Registry of Emergency Medical Technicians' 2016 National Continued Competency Program Hour Requirements](#), ~~as approved by the Board~~ listed below: This rule incorporates by reference the National Registry of Emergency Medical Technicians' Agency Guide for Recertification (October 2017 edition). Copies of this standard are available from the National Registry of Medical Technicians, 6610 Busch Blvd., Columbus, OH 43229, or Maine EMS, Department of Public Safety, 45 Commerce Drive, Suite 1, 152 State House Station, Augusta, ME 04333-0152.

(ix) [Emergency Medical Responder \(EMR\) - 16 Total Hours consisting of 8 hours in National Continued Competency Requirements \(NCCR\), 4 hours in Maine-EMS-approved Local Core Competency Requirements \(LCCR\), and 4 hours in Individual Core Competency Requirements.](#)

(x) [Emergency Medical Technician \(EMT\) - 40 Total Hours consisting of 20 hours in National Continued Competency Requirements \(NCCR\), 10 hours in Maine-EMS-approved Local Core Competency Requirements \(LCCR\), and 10 hours in Individual Core Competency Requirements.](#)

(xi) [Advanced Emergency Medical Technician \(AEMT\) - 50 Total Hours consisting of 25 hours in National Continued Competency Requirements \(NCCR\), 12.5 hours in Maine-EMS-approved Local Core Competency Requirements \(LCCR\), and 12.5 hours in Individual Core Competency Requirements.](#)

(xii) [Paramedic - 60 Total Hours consisting of 30 hours in National Continued Competency Requirements \(NCCR\), 15 hours in Maine-EMS-approved Local Core Competency Requirements \(LCCR\), and 15 hours in Individual Core Competency Requirements.](#)

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(g) Further Continuing Education as identified in the aforementioned CEH requirements is not a ~~category,~~ ~~but category~~ but represents additional training in categories 1-5. Category 7 CEH is not considered Further Continuing Education for purposes of this Chapter.

(h) Nationally standardized training programs may be awarded continuing education hours, which will be credited to an applicant for license renewal ~~relicensure~~ when that applicant provides proof of current certification at the time of application. Current certification is determined by definition of the national sponsor of the training program.

(i) In lieu of the license renewal continuing education hour requirements of this Chapter, an applicant may submit a current certification card at the license level being renewed from a national EMS certifying entity approved by the Board. Unless Maine EMS determines otherwise, a license renewal based upon a national EMS certifying entity certification shall carry an expiration that is concurrent with the applicant's national EMS certifying entity certification's expiration date.

2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, "current renewal period" means the ~~36-month~~24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the ~~31st~~last day of each month shall be considered the completion date for all continuing education completed within a given month.

3. Applicants for license renewal will be selected by Maine EMS on a random basis for an audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit ~~may~~will review the ~~last two~~continuing education hour certifications submitted by the licensee for the past two license renewals, including the current renewal period.

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4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
  
5. -Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS' discretion, result – in accordance with ~~32 M.R.S.A. §90-A and Chapter 12 of these~~32 M.R.S. Chapter 2-B and the Maine EMS Rules - in disciplinary action to deny license renewal or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.

D. Board-approved testing certification:

1. An applicant must demonstrate successful completion of a Board approved cognitive exam and practical skills evaluation - at the license level being sought - within ~~three~~two years of the application date.
  
2. For applicants whose initial course completion date is on or after March 1, 2016 - an applicant for an initial license at any provider level must successfully complete the Maine-EMS-Board-approved cognitive test and practical skills evaluation — for the license level being sought - within two (2) years of the course completion date of the initial ~~course~~,course.
  
- ~~1.3.~~Notwithstanding paragraphs 1 and 2 above, an applicant is not required to submit testing certification as part of the license application process if:
  - (a) An applicant, whose Maine EMS license has expired within two years prior to the application date is applying for a new or

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renewed license at the license level held within the  
aforementioned ~~two year~~two-year period; ~~or,~~

- (b) An applicant ~~is determined by Maine EMS to be eligible to license based upon~~possesses a current certification or license from another state or ~~territory; or~~territory; or,
- (c) An applicant is determined by Maine EMS to be eligible to license based upon current certification from a national EMS certifying entity.

2.4. For purposes of paragraph 1, above, if the test is more than a year old, a license may be issued ~~which~~that is valid for ~~three year~~the licensing period as calculated from the month of the test (or from the month of the required training course if that precedes the test). When practical and written portions of the test are completed in different months, the test date will be the month the first test was completed.

E. Continued Competency Verification

- 1. For an applicant or licensee renewing a license at any level, or for a licensee who is applying for a license within two years of license expiration, continued competency may be verified by:
  - (i) A Service Director, Training Officer or Service Medical Director of a Maine-licensed EMS service that is licensed or permitted at or above the level at which the applicant or licensee is seeking licensure and with which the licensee is affiliated; or,
  - (ii) The Director or his or her designee of a Maine EMS Authorized Training Center; or,
  - (iii) Successful completion of a Board approved cognitive exam and practical skills evaluation - at the license level being sought - within two years of the application date.
- 2. Persons listed in paragraph 1, above as being authorized to verify continued competency shall base continued competency verifications upon the National Continued Competency Program Hour Requirements as provided in the National Registry of Emergency Medical Technicians' Agency Guide for Recertification (October 2017 edition), which is hereby incorporated by reference. . Copies of this standard are available

3461 from the National Registry of Medical Technicians, 6610 Busch  
 3462 Blvd., Columbus, OH 43229, or Maine EMS, Department of  
 3463 Public Safety, 45 Commerce Drive, Suite 1, 152 State House  
 3464 Station, Augusta, ME 04333-0152.;

3465  
 3466 3. Persons authorized under paragraph 1, above to verify competency  
 3467 cannot verify their own continued competency.  
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 3470 E.F. A complete history of criminal convictions as well as civil infractions for  
 3471 alcohol or drugs. Maine EMS will consider this to the extent allowed by  
 3472 Maine Law.  
 3473

3474 F.G. A complete history of any action taken against any emergency medical  
 3475 services certification or license or professional certification or license that  
 3476 the applicant currently holds or has ever held.  
 3477

3478 §5. §6. License Expiration and Renewal  
 3479

- 3480 1. ~~A licensee shall submit an application for renewal prior to the expiration date of the~~  
 3481 ~~license. To ensure timely processing, the application should be submitted thirty (30)~~  
 3482 ~~days prior to the expiration of a license.~~ An application will not be accepted as  
 3483 complete unless it includes all materials required to be evaluated for licensure.  
 3484  
 3485 2. A person may apply for a renewal license for up to ninety (90) days after the date of  
 3486 expiration. The ninety-day period does not postpone the expiration date of the  
 3487 license. Licensees whose licenses have lapsed as of the expiration date cannot  
 3488 provide emergency medical treatment until a renewed license has been issued.  
 3489  
 3490 3. An application submitted more than 90 days after the license expiration date shall be  
 3491 considered an application for a new license and subject to all requirements  
 3492 governing new applications  
 3493

3494 §7. Duty to Report  
 3495

- 3496 1. A licensee or an applicant for licensure under this chapter shall notify the Board in  
 3497 writing within 10 days of a:  
 3498  
 3499 A. Change of name or address;  
 3500 B. Criminal ~~Convictions~~conviction;  
 3501 C. Revocation, suspension or other disciplinary action taken in this or any other  
 3502 jurisdiction against any occupational or professional license held by the  
 3503 applicant or licensee; or,  
 3504 D. Material change in the conditions or qualifications set forth in the original  
 3505 application for licensure submitted to the Board.  
 3506



**3507**  
**3508**  
**3509**  
**3510** AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.  
**3511**  
**3512** EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
**3513**  
**3514** AMENDED: April 1, 1982  
**3515** December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
**3516** January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
**3517** 11.1067  
**3518** April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
**3519** January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
**3520** September 1, 1986  
**3521** August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
**3522** July 1, 1988  
**3523** March 4, 1992  
**3524** September 1, 1996  
**3525** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**3526** REPEALED AND REPLACED: July 1, 2000  
**3527** July 1, 2003  
**3528** October 1, 2009  
**3529** May 1, 2013  
**3530**

3531 16 DEPARTMENT OF PUBLIC SAFETY

3532

3533 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3534

3535 CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER LICENSURE

3536

3537 §1. Except as provided for in these Rules, no person shall provide emergency medical  
3538 dispatch services unless the person is licensed as an Emergency Medical Dispatcher by the Board  
3539 in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules.

3540

3541 §2. The type of license issued under this chapter is for an “Emergency Medical Dispatcher.”

3542

3543 §3. Scope of Practice

3544

3545 1. An Emergency Medical Dispatcher may provide emergency medical dispatching in  
3546 accordance with the Maine EMS-approved Emergency Medical Dispatch Priority  
3547 Reference System, within the scope of the dispatcher’s Maine EMS-approved  
3548 training and in accordance with 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules.

3549

3550 2. An Emergency Medical Dispatcher may perform emergency medical dispatching  
3551 services when the Dispatcher:

3552

A. Holds a current Emergency Medical Dispatcher license issued by the Board;

3553

B. Is employed by and acts with the approval of an Emergency Medical  
3554 ~~Dispatch Center~~Dispatch Center licensed by the Board in accordance with  
3555 32 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules;

3556

3557

3558 C. Practices in accordance with the Maine EMS-approved Emergency Medical  
3559 Dispatch Priority Reference System and in accordance with 32  
3560 ~~M.R.S.A.~~M.R.S. § 85-A and these Rules;

3561

3562

3563 §4. License

3564

3565 1. A license issued by the Board under this chapter is valid for twenty-four months  
3566 from the month of issuance unless earlier suspended or revoked or as otherwise  
3567 specified in these Rules.

3568

3569 A. The Board may issue a license valid for twenty–seven months in order to  
3570 ensure that the applicant’s license expiration date occurs three months after  
3571 the applicant’s training certification expiration from the entity that provides  
3572 the Board approved statewide emergency medical dispatch protocols. Once  
3573 the ~~three-month~~three-month separation is established, the license issued will  
3574 be for a period of twenty-four months, unless the Board determines that a

- 3575 license issued for a shorter period of time is in the best interests of the  
3576 system.
- 3577
- 3578 2. An application will not be accepted as complete unless it includes all materials  
3579 required to be evaluated for licensure. To obtain a new or renewed license, an  
3580 applicant must:
- 3581
- 3582 A. Be at least 18 years of age on the date of application;
- 3583
- 3584 B. Not have received a two-year Maine EMS Emergency Medical Dispatcher  
3585 license within the past year;
- 3586
- 3587 ~~C. Be capable of performing emergency medical dispatch services, as described  
3588 by the approved Maine EMS Emergency Medical Dispatcher Functional  
3589 Position Description;~~
- 3590
- 3591 ~~D. Be employed by a Maine licensed Emergency Medical Dispatch Center; and,~~
- 3592
- 3593 E.C. Submit the following to Maine EMS:
- 3594
- 3595 1. A completed Maine EMS application.
- 3596
- 3597 2. Current training certification from the entity that provides the  
3598 Board approved statewide emergency medical dispatch protocols.
- 3599
- 3600 (a) A current training certification or recertification cannot be used  
3601 more than one time to fulfill Maine EMS Emergency Medical  
3602 Dispatcher training requirements for a new or renewal license.
- 3603
- 3604 (b) If a training certification or recertification was completed more  
3605 than a year prior to application, a license may be issued that is  
3606 valid for two years from the certification month.
- 3607
- 3608 3. Board-approved testing in accordance with the Maine EMS-approved Emergency  
3609 Medical Dispatch Priority Reference System.
- 3610
- 3611 4. A complete history of criminal convictions, as well as civil infractions involving  
3612 alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine  
3613 Law.
- 3614
- 3615 5. A complete history of any action taken against any emergency medical dispatch  
3616 certification or license or any other professional certification or license that the  
3617 applicant currently holds or has ever held.
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§5. **License ~~Expiration and Renewal~~ and Expiration**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
  
2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the ~~3624~~ month period prior ~~period prior~~ to the application date. In calculating continuing education hours completed prior to the month of application, the ~~31st~~ last day of each month shall be considered the completion date for all continuing education completed within a given month.
  
3. Applicants for license renewal will be selected by Maine EMS on a random basis for audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit ~~may will~~ review the continuing education hour certifications used for the past two license renewals ~~the last two continuing education hour certifications~~ submitted by the licensee, including the current renewal period.
  
4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
  
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS’ discretion, result – in accordance with 32 M.R.S. Chapter 2-B and the Maine EMS Rules ~~32 M.R.S.A. §90-A and Chapter 12 of these Rules~~ - in disciplinary action to deny license renewal, ~~or may result in~~ a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee’s failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the Department of the Attorney General determine appropriate.

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- 5-6. A person may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Emergency Medical Dispatchers whose licenses have lapsed as of the expiration date cannot provide emergency medical dispatch services until a renewed license has been issued.
- 6-7. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

~~§6. — Transition to Statewide Emergency Medical Dispatch Protocol~~

- ~~1. — As of July 1, 2010, Maine EMS licensed Emergency Medical Dispatchers must be certified by the entity selected to provide the Board-approved statewide Emergency Medical Dispatch protocol.~~

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. 84, § 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

REPEALED AND REPLACED: October 1, 2009  
May 1, 2013

3689 16 DEPARTMENT OF PUBLIC SAFETY

3690  
3691 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

3693 CHAPTER 6: ~~ADVANCED LIFE SUPPORT~~ DRUGS AND MEDICATIONS

3694  
3695 §1. GENERAL

3696  
3697 1. For the purpose of this Section, "drugs and medications" include only those  
3698 substances used by Maine EMS licensed services and persons in the delivery of  
3699 ~~Advanced~~ Emergency Medical Treatment, consistent with Maine EMS  
3700 ~~Protocols.~~ Protocols. Maine EMS will maintain a list of approved drugs and  
3701 medications and will revise and publish the list when changes in protocol dictate.

3702  
3703 2. The administration of drugs or medications to a patient shall be determined by  
3704 applicable protocols, and recorded on the Maine EMS run report.

3705  
3706 3. A service authorized by Board license or permit to ~~handle~~ obtain, store and  
3707 administer drugs or medications shall:

3708  
3709 ~~—uUse as a Food and Drug Administration (FDA) state or federally approved~~  
3710 ~~the source of drugs and medications a single hospital that has a pharmacy,~~  
3711 ~~several hospitals with either individual or central supply points, or some~~  
3712 ~~other source approved by the Board. The system~~ Distribution of drugs and  
3713 ~~medications distribution to the service will be overseen by a responsible~~  
3714 ~~licensed pharmacist, or by a regional medical director or his/her physician~~  
3715 ~~designee licensed physician.~~

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3717  
3718  
3719 A. ~~A service authorized by Board license or permit to handle drugs or~~  
3720 ~~medications shall o~~ Operate consistent with these Rules except when an  
3721 alternative system for the supply, storage, and logging of drugs and  
3722 medications has been approved by a ~~responsible licensed~~ responsible licensed pharmacist, by the  
3723 ~~service medical director or the~~ regional medical director, and by Maine  
3724 EMS. Under any such system, all drugs and medications shall be properly  
3725 stored with provision for climate control.

3726  
3727 B. Report ~~A~~ any instances of missing controlled drugs or medications ~~must be~~  
3728 ~~reported~~ to Maine EMS ~~as soon as possible~~ within twenty-four (24) hours  
3729 upon discovery. A full report of the service's investigation of the missing  
3730 drugs and any action the service may have taken regarding the incident must  
3731 be sent to ~~MEMS-Maine EMS~~ MEMS-Maine EMS as soon as it is complete.

3732  
3733 §2. ~~STORAGE~~ ING DRUGS AND MEDICATIONS

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1. ~~All~~ Drugs and medications must:

- A. ~~b~~ Be stored in packaging as dispensed and /or labeled by a pharmacy.
- B. ~~All drugs and medications shall b~~ Be properly stored with provision for reasonable climate control.
- C. ~~All controlled substances must Unless otherwise approved by the Board, all drugs and medications must b~~ Be secured in a storage box unless otherwise approved by the Board. The box must be secured with a one-time, pharmacy-type, numbered seal applied ~~and recorded by an authorized representative of the hospital~~. The box must have a label attached indicating the name of the earliest expiring item and its expiration date.
- D. Non-cotrolled substances may be stored outside a sealed container so long as they are accounted for in accordance with these rules.

2. Maintain ~~A~~ a drug/medication log for each vehicle (or, in the case of a non-transporting service, for each drug box) must be kept by the service indicating:

- A. Date the service received the storage box with new seals.
- B. Seal numbers (old and new) whenever seal is broken and replaced.
- C. Use and disposal of drugs/medications including applicable Maine EMS patient/run record number.
- D. Legible signature and license number of person making the log entry.
- E. To ensure that drugs and medications have not expired or been tampered with, the integrity of the seal and the expiration date must be checked at least daily for scheduled drugs and weekly ~~for non-scheduled~~ nonscheduled drugs, and recorded in the drug/medication log. Any service utilizing only one licensee authorized to treat with drugs and medications will ~~insure~~ ensure that this check of seal integrity is carried out by an authorized official of the service other than this licensee.
- F. The drug/medication log will be checked at the annual service inspection, or as requested by the Board. Services shall maintain drug/medication logs for a minimum of 5 years.

3778 ~~3.—A service authorized by Board license or permit to handle drugs or medications and~~  
 3779 ~~which elects to store those drugs that have been approved by the Board to be stored~~  
 3780 ~~outside of the sealed drug box, shall comply with these Rules as applicable and any~~  
 3781 ~~criteria approved and published by the Board.~~

3782  
 3783 **PRESCRIBING, ORDERING, AND RECORDING**

3784  
 3785 ~~The administration of drugs to a patient shall be determined by applicable protocols and~~  
 3786 ~~recorded on the run report.~~

3787  
 3788 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

3789 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

3790  
 3791 AMENDED: April 1, 1982  
 3792 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 3793 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 3794 11.1067

3795 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 3796 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

3797 September 1, 1986  
 3798 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

3800 July 1, 1988  
 3801 March 4, 1992  
 3802 September 1, 1996

3803 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

3804 REPEALED AND REPLACED: July 1, 2000  
 3805 July 1, 2003  
 3806 October 1, 2009  
 3807 May 1, 2013  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 7: STATE LICENSURE EXAMINATIONS**

§1. An examination required for EMS licensure in Maine must consist of a Board approved written (cognitive) test for the level of license sought and a Board approved practical (psychomotor) evaluation of emergency medical treatment skills.

§2. Examinations required for licensure will be based upon current standards approved and published by the Board, including, but not limited to the:

1. Types of examinations;
2. Eligibility requirements for persons seeking examination; and,
3. Process and content of examinations.

AUTHORITY: 32 M.R.S.A.M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982  
 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

September 1, 1986

August 25, 1987 - Sec. 5, 6.011 and 12 (added)

July 1, 1988

March 4, 1992

September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000

July 1, 2003

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8: TRAINING COURSES AND CONTINUING EDUCATION PROGRAMS USED FOR LICENSURE

§1. Training Courses

1. Training courses must be conducted in accordance with the Board-approved Training Center Standards.
2. The following training courses are approved for licensure at the EMR, EMT, AEMT and Paramedic levels~~indicated levels~~:

A. Emergency Medical Responder (EMR)~~:~~

1. For initial licensure ~~at the Emergency Medical Responder level~~ - A Maine EMS Emergency Medical Responder~~approved C~~ course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for ~~this~~the training.
2. For renewal ~~at the Emergency Medical Responder level~~ - A Maine EMS approved EMT, continuing education hours in accordance with the licensing requirements of Chapter 5 of these Rules ~~Emergency Medical Responder course~~ ~~or any or any~~ other course which is approved by the Board as including all of the required objectives for this training.

~~B. Ambulance Attendant:~~

~~For renewal at the Ambulance Attendant level - A Maine EMS EMT or Emergency Medical Responder course, or any other course which is approved by the Board as including all of the required objectives for this training~~

~~C. EMT:~~

- ~~1. For initial licensure at the EMT level:~~

~~(a) A Maine EMS EMT course, or any equivalent course which in itself, or with specified supplementary instruction, is approved~~

3894 ~~by the Board as including all of the required objectives for this~~  
3895 ~~training; or~~

3896  
3897 ~~(b) A Board approved EMT bridge course for physicians,~~  
3898 ~~physician assistants, nurses, and other licensed/certified allied~~  
3899 ~~health care professionals who receive permission from Maine~~  
3900 ~~EMS to use this course for licensure; or~~

3901  
3902 ~~(c) A Board approved bridge course for Emergency Medical~~  
3903 ~~Responders.~~

3904  
3905 ~~2. For renewal at the EMT level—Maine EMS continuing education~~  
3906 ~~or any other continuing education program or course that is~~  
3907 ~~approved by the Board as containing all of the objectives required~~  
3908 ~~for this training.~~

3909  
3910 ~~D. Advanced Emergency Medical Technician, Critical Care, Paramedic:~~

3911  
3912 ~~1. For initial licensure at the Advanced Emergency Medical~~  
3913 ~~Technician or Paramedic level:~~

3914  
3915 ~~(a) An original course of training for students who have met the~~  
3916 ~~training requirements for licensure as an advanced EMT which~~  
3917 ~~is approved by the Board as including all of the objectives~~  
3918 ~~required for the level for which licensure will be sought; or~~

3919  
3920 ~~(b) Bridge courses for persons who have met the training~~  
3921 ~~requirements for licensure as an advanced EMT which are~~  
3922 ~~approved by the Board as including all of the objectives~~  
3923 ~~required to bridge the particular levels; or~~

3924  
3925 ~~(c) Any other course of training that is approved by the Board as~~  
3926 ~~including the objectives required for the particular level of~~  
3927 ~~training.~~

3928  
3929 ~~2. For renewal at the Advanced Emergency Medical Technician,~~  
3930 ~~Critical Care, or Paramedic level—Maine EMS continuing~~  
3931 ~~education or any other continuing education program or course of~~  
3932 ~~training that is approved by the Board as including all of the~~  
3933 ~~objectives for the particular level.~~

3934  
3935 ~~E.B.~~ Any course (not including continuing education hour programs) leading to  
3936 certification for EMS provider licensure must be supervised by an  
3937 instructor/coordinator licensed by Maine EMS for that particular level and  
3938 must be approved by a Maine EMS Training Center. Out-of-state courses

3939 and certifications will be judged on a case-by-case basis using a comparison  
 3940 of Maine EMS approved curricula.

3941  
 3942 C. Applicants to conduct courses leading to certification for EMS provider  
 3943 licensure must comply with the requirements for conducting courses as  
 3944 approved and published by Maine EMS.

3945  
 3946  
 3947 F.D. Candidates must meet the training requirements for licensure at the level  
 3948 from which the course starts.

3949  
 3950 **§2. EMS Continuing Education Programs**

3951  
 3952 1. A program held in Maine or out of state may be approved for continuing education  
 3953 hours (CEH) if it meets the following conditions:

3954  
 3955 A. The sponsor must apply before the program is to begin. Only under unusual  
 3956 circumstances, such as those set forth in Chapter 13-~~§§2.1—5~~, of these  
 3957 Rules, may continuing education hour courses be approved after they have  
 3958 occurred;

3959  
 3960 B. The topics to be taught must be relevant to EMS;

3961  
 3962 C. The instructor must be qualified ~~to instruct the topic~~ by knowledge and/or  
 3963 training in the topic area;

3964  
 3965 D. The sponsor must make known to the students those requirements the  
 3966 students must meet in order to receive attendance certification;

3967  
 3968 E. The sponsor or designee must submit ~~to the approver, who must submit the~~  
 3969 Maine EMS-approved attendance roster and course evaluations, or a course  
 3970 evaluation summary document, for the program to Maine EMS within ten  
 3971 days of the date the course was taught, ~~a final attendance list for the~~  
 3972 program. The roster must ~~which~~ include the names and license numbers of  
 3973 those attending, attendees' signatures or the course sponsor's attestation of  
 3974 remote attendance, the number and type of hours approved, and the approval  
 3975 number. The list ~~will~~ must be physically or electronically signed by the  
 3976 sponsor as verification of attendance;

3977  
 3978 F. ~~The p~~ Programs must be ~~open to all EMS providers~~ the public unless  
 3979 otherwise specifically approved by ~~the approver~~ Maine EMS, a regional  
 3980 council or a Training Center; and

3981  
 3982 G. The sponsor must provide the students an opportunity to comment in writing  
 3983 on the program and must make these comments available to Maine EMS

3984 upon request within ~~thirty~~-ten days after the end of the program. Sponsors of  
 3985 CEH offered through publications approved by Maine EMS need not  
 3986 provide this opportunity.

3987  
 3988 2. Maine EMS may grant continuing education hours for programs offered through  
 3989 professional journals, audio and visual media, teleconferencing, the Internet, and  
 3990 other forms of distributive learning, or for other educational programs not described  
 3991 in this Chapter, when requested by the sponsor/applicant. For Maine EMS to  
 3992 consider granting CEH approval the applicant must submit to Maine EMS:

- 3993 A. An outline and description of the program, to include program handouts;
- 3994 B. The name and address of the program sponsor;
- 3995
- 3996 C. The names of any EMS agencies granting the program continuing education
- 3997 hours;
- 3998 D. A contact name and telephone number for attendance verification;
- 3999
- 4000 E. A program completion certificate, or equivalent;
- 4001
- 4002 F. If applicable, approval from the Commission on Accreditation For Pre-
- 4003 Hospital Continuing Education (CAPCE), formerly known as the Continuing
- 4004 Education Coordinating Board for EMS (CECBEMS); and-
- 4005
- 4006 G. Proof, if the program was not supervised, that the program required, and the
- 4007 applicant successfully completed, a knowledge test in order to receive a
- 4008 program completion certificate.

4009  
 4010  
 4011  
 4012  
 4013 3. Programs that have been previously approved by Maine EMS, a regional council or  
 4014 a Training Center may be approved without further review, provided that:

- 4015
- 4016 A. Maine EMS, regional council, or a Training Center has not rescinded the
- 4017 program’s approval; and
- 4018
- 4019 B. No significant changes have been made to the program content or faculty.;
- 4020

4021  
 4022  
 4023 3.4. Maine EMS may delegate approval of in-state continuing education programs that  
 4024 meet the requirements of this chapter, pursuant to these Rules, to regional councils  
 4025 or a Maine EMS approved Training Center provided that they maintain a system for  
 4026 assuring high quality programs and provide such program information in a timely  
 4027 manner as requested by Maine EMS.

4028

**4029** AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B  
**4030**  
**4031** EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
**4032**  
**4033** AMENDED: April 1, 1982  
**4034** December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
**4035** January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
**4036** 11.1067  
**4037** April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
**4038** January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
**4039** September 1, 1986  
**4040** August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
**4041** July 1, 1988  
**4042** March 4, 1992  
**4043** September 1, 1996  
**4044** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**4045** REPEALED AND REPLACED: July 1, 2000  
**4046** July 1, 2003  
**4047** October 1, 2009  
**4048** May 1, 2013

## 4049 16 DEPARTMENT OF PUBLIC SAFETY

4050

## 4051 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4052

## 4053 CHAPTER 8-A: TRAINING CENTERS

4054

4055 §1. A provider of emergency medical services ~~education and training courses leading to-~~  
 4056 ~~licensure~~ in Maine must be authorized by the Board in accordance with 32 ~~M.R.S.A.~~M.R.S.  
 4057 §88(2)(D) and these Rules.

4058

4059 §2. **Authorization Factors** – The authorization issued under this chapter is for a Training  
 4060 Center

4061

4062 1. Ownership

4063

4064 Upon request of the Board, an applicant or authorized Training Center must  
 4065 provide the Board with the identity and legal status (e.g. municipality,  
 4066 corporation, limited liability company, sole proprietorship) of the person or  
 4067 entity that holds, or is making application for the authorization. Failure to  
 4068 provide this information will result in an application being treated as incomplete.

4069

4070 2. Physical address or location

4071

4072 An authorization is issued for a specific physical address or location.

4073

4074 §3. **Change in Authorization Factors**

4075

4076 A Training Center must receive Board approval to change any of the authorization factors.

4077

4078 §4. **Standards**

4079

4080 1. An application will not be accepted as complete unless it includes all materials  
 4081 required to be evaluated for authorization. To obtain new authorization, a Training  
 4082 Center applicant must:

4083

4084 A. Apply in a format prescribed by Maine EMS; and,

4085

4086 B. Demonstrate to Maine EMS that the applicant complies with the  
 4087 requirements of 32 ~~M.R.S.A.~~M.R.S. §88(2)(D), the Rules, and the Board-  
 4088 approved Training Center Standards.

4089

4090 2. A Training Center Authorization is issued for a period of 60 months unless earlier  
 4091 suspended or revoked. An authorization may be issued for a shorter period of time  
 4092 if approved by the Board.

4093

4094 3. A Training Center must demonstrate ongoing compliance with these Rules and the  
 4095 Training Center Standards in order to maintain its authorization.  
 4096

4097 **§5. Renewal**  
 4098

- 4099 1. An application will not be accepted as complete unless it includes all materials  
 4100 required to be evaluated for authorization.  
 4101
- 4102 2. A Training Center may apply for a renewal authorization for up to ninety (90) days  
 4103 after the date of expiration. The ninety-day period does not postpone the expiration  
 4104 date. A Training Center with an expired authorization cannot provide education and  
 4105 training courses pursuant to the Training Center Standards. An application  
 4106 submitted more than 90 days after expiration shall be considered a new application  
 4107 and subject to all requirements governing new applications.  
 4108
- 4109 3. In order to obtain an authorization renewal, a Training Center must:  
 4110
- 4111 A. Apply electronically ~~or by mail~~; and,
  - 4112
  - 4113 B. Demonstrate, as may be required by Maine EMS, that it meets the licensing  
 4114 requirements of 32 ~~M.R.S.A.~~M.R.S. §88(2)(D), these Rules and the Training  
 4115 Center Standards.  
 4116

4117 **§6. Termination of Training Center Authorization**  
 4118

4119 Any Training Center intending to terminate its operations must make written notification to  
 4120 Maine EMS at least 30 days prior to the termination date.  
 4121

4122 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. §84, §88  
 4123

4124 EFFECTIVE DATE: May 1, 2013 (NEW)  
 4125



4126 16 DEPARTMENT OF PUBLIC SAFETY

4127

4128 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4129

4130 CHAPTER 9: INSTRUCTOR COORDINATOR LICENSE

4131

4132 §1. Licenses are issued for the following levels of Instructor ~~Coordinators~~

4133 ~~(Coordinators (I/C):~~

4134

4135 1. I/C- EMT - a person licensed at the I/C - EMT level may act as the lead instructor in  
4136 courses leading to licensure at the Emergency Medical Responder, and EMT license  
4137 levels.

4138

4139 2. I/C- Advanced Emergency Medical Technician (AEMT) - a person licensed at the  
4140 I/C - AEMT level may act as the lead instructor in courses leading to licensure at the  
4141 Emergency Medical Responder, EMT and Advanced Emergency Medical  
4142 Technician (AEMT) license levels.

4143

4144 3. I/C- Paramedic - a person licensed at the I/C- Paramedic level may act as the lead  
4145 instructor in courses leading to licensure at the Emergency Medical Responder, ,  
4146 EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic license  
4147 levels.

4148

4149 §2. Licensed Instructor Coordinators are responsible for EMS licensure program criteria as  
4150 approved by the Board. Instructor Coordinator licenses are valid for a period of ~~three~~two years,  
4151 or as otherwise determined by Maine EMS.

4152

4153 §3. To obtain and maintain a new or renewed Instructor Coordinator license, the  
4154 applicant must:

4155

4156 Be at least 18 years of age.

4157

4158 1. ~~Be able to write, speak, and understand the English language.~~

4159

4160 2. ~~Possess 3 years of experience in emergency medicine at the level for which they are~~  
4161 ~~applying.~~

4162

4163 ~~3.2.~~ Submit the following to Maine EMS:

4164

4165 A. A completed Maine EMS Instructor Coordinator application signed by the  
4166 applicant.

4167

4168 B. Proof of ~~operational experience and education consistent~~education consistent  
4169 with current Maine EMS Education Standards at the:

4170

- 4171 1. EMT level, if applying for an I/C-EMT license.
- 4172
- 4173 2. Advanced Emergency Medical Technician (AEMT) level, if
- 4174 applying for an I/C – AEMT license.
- 4175
- 4176 3. Paramedic level, if applying for an I/C – Paramedic license.
- 4177
- 4178 C. Training Certification, which may be:
- 4179
- 4180 1. A Board-approved instructor coordinator training program
- 4181 completed within ~~three~~two years of license application at the
- 4182 appropriate level taught by a Maine EMS licensed I/C following
- 4183 the guidelines set forth by the Training Center or a program judged
- 4184 by Maine EMS to be equivalent; or,
- 4185
- 4186 2. For ~~licensees~~licensees, whose Maine Instructor Coordinator license
- 4187 is current or not expired by more than two years - Maine EMS-
- 4188 approved continuing education hours - ~~24~~16 hours ~~in category 7 of~~
- 4189 Maine EMS approved continuing education, Instructor Coordinator
- 4190 Recertification— specifically designed to address educational issues
- 4191 and approved by Maine EMS, provided that:
- 4192
- 4193 (a) Certificates of continuing education hours have not been used
- 4194 for a previous license renewal and have been earned within the
- 4195 past ~~three~~two years.
- 4196
- 4197 (b) No more than 6 hours of continuing education received by the
- 4198 applicant for instructing Maine EMS licensing courses may be
- 4199 used towards fulfilling license renewal ~~relicensure~~
- 4200 requirements.
- 4201
- 4202 D. A complete history of criminal convictions as well as civil infractions for
- 4203 alcohol or drugs. Maine EMS will consider this to the extent allowed by
- 4204 Maine Law.
- 4205
- 4206 E. A complete history of any action taken against any emergency medical
- 4207 services certification or license or professional certification or license that
- 4208 the applicant currently holds or has ever held.
- 4209

4210 §4. License ~~Expiration and Renewal~~ and Expiration

- 4211
- 4212 1. ~~A Licensee shall submit an application for renewal prior to the expiration date of the~~
- 4213 ~~license. To ensure timely processing, the application should be submitted thirty (30)~~
- 4214 ~~days prior to the expiration of a license.~~ An application will not be accepted as
- 4215 complete unless it includes all materials required to be evaluated for licensure.

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2. At the time of renewal, each licensee must certify, on an application provided by Maine EMS, the number of continuing education hours completed for license renewal. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee shall retain documentation of continuing education hours included in the current renewal period. For purposes of this paragraph, “current renewal period” means the ~~36 month~~24-month period prior to the application date. In calculating continuing education hours completed prior to the month of application, the ~~31<sup>st</sup>~~last day of each month shall be considered ~~the completion~~the completion date for all continuing education completed within a given month.
  
3. Applicants for license renewal will be selected by Maine EMS on a random basis for audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements. An audit ~~may~~will review the last two continuing education hour certifications submitted by the licensee, ~~including for~~ the current renewal period.
  
4. Licensees selected for audit will be notified to submit documentation of the continuing education hours that were certified by the licensee at the time of renewal. Licensees will have ten (10) days from the date of notification to submit all requested documentation. Continuing education hours that cannot be documented in accordance with the documentation requirements determined by the Board or that do not satisfy the requirements for continuing education contained in these Rules will be disallowed.
  
5. Applicants for license renewal must present proof of satisfactory completion of continuing education in accordance with these Rules. Failure to comply with the continuing education rules may, at Maine EMS’ discretion, result – in accordance with 32 M.R.S.A. §~~90-A and Chapter 2B Chapter 12 of~~and the Maine EMS~~these~~ Rules - in disciplinary action to deny license renewal or may result in a decision to enter into a consent agreement and probation setting forth terms and conditions to correct the licensee's failure to complete continuing education or may result in any other disciplinary action available to the Board. Terms and conditions of a consent agreement may include requiring completion of increased hours of continuing education, civil penalties, suspension and other terms as the Board, the licensee and the ~~Department~~~~Office~~Department of the Attorney General determine appropriate.
  
- 4.6. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license.

4261 5.7. Licensees whose licenses have ~~lapsed as of the expiration date cannot provide~~  
 4262 ~~instruction expired cannot act in an~~ Instructor Coordinator ~~capacity~~ in any  
 4263 class leading to licensure until a renewed license has been issued.

4264  
 4265 8. An application submitted more than ninety (90) days after the license expiration  
 4266 date shall be considered an application for a new license and subject to all  
 4267 requirements governing new applications.

4268  
 4269 **§5. Duty to Report**

4270  
 4271 9. A licensee or an applicant for licensure under this chapter shall notify the Board in  
 4272 writing within 10 days of a:

4273  
 4274 A. Change of name or address;

4275 B. Criminal ~~Convictions~~conviction;

4276 C. Revocation, suspension or other disciplinary action taken in this or any other  
 4277 jurisdiction against any occupational or professional license held by the  
 4278 applicant or licensee; or,

4279 D. Material change in the conditions or qualifications set forth in the original  
 4280 application for licensure submitted to the Board.

4281  
 4282 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

4283  
 4284 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

4285  
 4286 AMENDED: April 1, 1982  
 4287 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 4288 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 4289 11.1067  
 4290 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 4291 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 4292 September 1, 1986  
 4293 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 4294 July 1, 1988  
 4295 March 4, 1992  
 4296 September 1, 1996

4297 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

4298 REPEALED AND REPLACED: July 1, 2000

4299 July 1, 2003

4300 October 1, 2009

4301 May 1, 2013

4302 16 DEPARTMENT OF PUBLIC SAFETY

4303

4304 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4305

4306 CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS  
4307 AND CONTINUING EDUCATION PROGRAMS

4308

4309 §1. Emergency Medical Dispatch Training Courses

4310

4311 1. Training courses for certification leading to licensure or ~~relicensure~~ license renewal  
4312 as a Maine Emergency Medical Dispatcher must meet the requirements set forth in  
4313 the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

4314

4315 2. Applicants to conduct courses leading to Emergency Medical Dispatcher licensure  
4316 must comply with requirements set forth in the Maine EMS approved Emergency  
4317 Medical Dispatch Priority Reference System.

4318

4319 §2. Emergency Medical Dispatch Instructors

4320

4321 Any course leading to certification for licensure must be supervised by an instructor that  
4322 meets the requirements set forth in the Maine EMS approved Emergency Medical  
4323 Dispatch Priority Reference System.

4324

4325 §3. Emergency Medical Dispatcher Continuing Education Programs

4326

4327 1. Emergency Medical Dispatcher continuing education training programs shall be  
4328 conducted in accordance with the requirements of the Maine EMS Board-approved  
4329 certifying entity.

4330

4331 2. The Board may require specific continuing education programs for Maine licensed  
4332 Emergency Medical Dispatchers, based upon an educational or training need  
4333 identified by Maine EMS.

4334

4335 ~~3. A program held in Maine or out of state may be approved for the Emergency~~  
4336 ~~Medical Dispatcher continuing education hours (CEH) pursuant to these Rules if it~~  
4337 ~~meets the following conditions:~~

4338

4339 ~~A. The sponsor must apply before the program begins. Only under unusual~~  
4340 ~~circumstances, such as those set forth in Chapter 13 §2.1—5 of these Rules,~~  
4341 ~~may continuing education hour courses be approved after the courses have~~  
4342 ~~been conducted;~~

4343

4344 ~~B. The topics to be taught must be relevant to Emergency Medical Dispatchers;~~

4345

- 4346 C. ~~The instructor must be qualified by education, training, and experience to~~  
4347 ~~instruct the topic;~~  
4348
- 4349 D. ~~The sponsor must advise the students of requirements the students must meet~~  
4350 ~~in order to receive an attendance certificate;~~  
4351
- 4352 E. ~~The sponsor must submit to the approver, who must submit to Maine EMS, a~~  
4353 ~~final attendance list for the program, which includes the names and~~  
4354 ~~certificate numbers of those attending, the number and type of hours~~  
4355 ~~approved, and the approval number. The list will be signed by the sponsor~~  
4356 ~~as verification of attendance;~~  
4357
- 4358 F. ~~The program must be open to all Emergency Medical Dispatchers unless~~  
4359 ~~otherwise specifically approved by the approver; and~~  
4360
- 4361 G. ~~The sponsor must provide the students an opportunity to comment in writing~~  
4362 ~~on the program and must make these comments available to Maine EMS~~  
4363 ~~upon request within thirty days after the end of the program. Sponsors of~~  
4364 ~~CEH offered through publications approved by Maine EMS need not~~  
4365 ~~provide this opportunity.~~  
4366
- 4367 4. ~~Maine EMS may grant Emergency Medical Dispatchers continuing education hours,~~  
4368 ~~required by the Rules for programs offered through professional journals, audio and~~  
4369 ~~visual media, teleconferencing, the Internet and other forms of distributive learning,~~  
4370 ~~or for other educational programs not described in this Chapter. To receive approval~~  
4371 ~~the applicant must submit to Maine EMS:~~  
4372
- 4373 A. ~~An outline and description of the program, including program handouts;~~  
4374
- 4375 B. ~~The name and address of the program sponsor;~~  
4376
- 4377 C. ~~The names of any agencies granting the program continuing education~~  
4378 ~~hours, to the extent known;~~  
4379
- 4380 D. ~~A contact name and telephone number for attendance verification;~~  
4381
- 4382 E. ~~A program completion certificate, or equivalent;~~  
4383
- 4384 F. ~~If applicable, approval from the Continuing Education Coordinating Board~~  
4385 ~~for EMS (CECBEMS).~~  
4386
- 4387 G. ~~Proof, if the program was not supervised, that the program required, and the~~  
4388 ~~applicant successfully completed, a test in order to receive a program~~  
4389 ~~completion certificate.~~  
4390

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS

4391 ~~5.—When Maine EMS, or its delegate, approves specific program content and instructor~~  
4392 ~~for Emergency Medical Dispatcher continuing education hours that are used to~~  
4393 ~~fulfill the requirements of Chapter 5-A and has not rescinded such approval,~~  
4394 ~~subsequent applications by the instructor for that program will be approved without~~  
4395 ~~further review if there are no changes in program content or faculty.~~

4396  
4397 ~~6.—Maine EMS may delegate approval of in-state continuing education programs. The~~  
4398 ~~entity or person delegated to approve in-state continuing education programs must~~  
4399 ~~maintain a system substantially equivalent to or stricter than the continuing~~  
4400 ~~education approval requirements included in these Rules. The delegated approver~~  
4401 ~~will ensure high quality programs and will provide program information in a timely~~  
4402 ~~manner as requested by Maine EMS.~~

4403  
4404 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S. § 84, 85-A, 88

4405  
4406 EFFECTIVE DATE: September 1, 2006 (New)

4407 REPEALED AND REPLACED: October 1, 2009

4408 May 1, 2013

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4411 16 DEPARTMENT OF PUBLIC SAFETY

4412

4413 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

4414

4415 CHAPTER 10: RECIPROCITY

4416

4417 §1. Any ambulance service, vehicle or person licensed in another state or territory to provide  
 4418 emergency medical treatment, and entering Maine in response to a call to assist in a mass-  
 4419 casualty situation, is exempt from the provisions of these Rules requiring licensure in Maine.

4420

4421

4422 §4. §2. If a person holds a valid license or certificate entitling him/her to practice as an EMS  
 4423 provider in another state or territory, he/she may receive reciprocal licensing provided he/she  
 4424 satisfies all the requirements of Chapter 5. Licensure and license expiration date will be based  
 4425 on materials supplied by the applicant which demonstrate the following:

4426

- 4427 1. Certification of training history.
- 4428
- 4429 2. Certification of testing history.
- 4430
- 4431 3. Certification/licensure in another state or territory.
- 4432
- 4433 4. History of criminal convictions and actions taken against professional licenses in
- 4434 accordance with Chapter 5 of these rules. Maine EMS will consider this to the
- 4435 extent allowed my Maine law.

4436

4437

4438 AUTHORITY: 32 M.R.S., Chapter 2-B.

4439

4440 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

4441

4442 AMENDED: April 1, 1982

4443 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

4444 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

4445 11.1067

4446 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

4447 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

4448 September 1, 1986

4449 August 25, 1987 - Sec. 5, 6.011 and 12 (added)

4450 July 1, 1988

4451 March 4, 1992

4452 September 1, 1996

4453 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

4454 REPEALED AND REPLACED: July 1, 2000

4455 July 1, 2003



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October 1, 2009

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE

§1. The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a license, if an applicant or licensee engages, or attempts to engage in any of the following, which shall be considered unprofessional conduct:

1. Obtaining a license or certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
2. Violating a lawful order, rule or consent agreement of the Board.
3. Violating any of the provisions of 32 M.R.S.A, Chapter 2-B.
4. Any criminal conviction, subject to the limitations of Maine statute.
5. Acting in ways that are dangerous or injurious to the licensee or other persons.
6. Renting, selling, bartering or lending a license to another person.
7. ~~Addiction to a drug, including alcohol or~~ Responding to the scene of a call while under the influence of drugs or alcohol, whether or not the use of such substances is habitual.
8. Initiating the transport of a person, knowing that the person does not need to be transported, or treating a person knowing the person does not need to be treated, when the primary purpose of the action is to collect a fee or charge.
9. Obtaining a fee by fraud, deceit or misrepresentation.
10. Responding to the scene of an accident or incident to which the licensee has not been dispatched, when there is reason to believe that another licensee has been or will be called to that ~~scene, and~~ scene and refusing to turn over the care of the patient to the responsible service when it arrives.
11. Failing to provide patient information to a hospital or other health care facility in response to an authorized request.

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- 12. Disclosing or causing to be disclosed confidential patient information to an unauthorized person or using confidential patient information for personal or unauthorized financial benefit.
- 13. Engaging in conduct prohibited by law, other than conduct that falls within the following categories and is not related to the practice: minor traffic violations; minor civil violations; and conduct that could be charged as Class E crimes under Maine law.
  - Possession of a useable amount of marijuana in violation of 22 M.R.S.A § 2383 is not considered a minor civil violation.
- 14. Violation of any standard established in the profession.
- 15. Inaccurate recording of material ~~information, or information or~~ falsifying or improperly altering a patient or healthcare provider record.
- 16. Exploiting the provider-patient relationship for the purpose of personal or financial gain by the licensee or by a third party including, but not limited to, promoting or selling services, goods, appliances or drugs.
- 17. Diverting drugs, supplies or property of patients, patient’s families, services, or healthcare providers.
- 18. Possessing, obtaining, furnishing or administering prescription drugs, equipment or supplies to any person, including one’s self, except as directed by a person authorized by law to prescribe such items.
- 19. Impersonating another licensed practitioner.
- 20. Impersonating any applicant or licensee, or acting as proxy for the applicant or licensee in any licensing exam.

~~21.—Acting negligently or neglectfully when caring for or treating a patient.~~  
~~22.—21.~~  
~~23.—Incompetent practice.—A licensee or applicant shall be deemed incompetent in the practice if the licensee or applicant has:~~

- ~~A.—Engaged in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client, patient, student or the general public; or~~

~~B. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice or instruction for which he/she is licensed, or for which a Training Center is authorized.~~

~~24.22.~~ Losing certification or license, when the certification or license is a necessary condition of licensure. For instance, a person licensed in Maine on the basis of training obtained in another state would lose his Maine license if the other state revoked his or her certification or license.

~~25.23.~~ Acting negligently or neglectfully in conducting an ambulance service.

~~26.24.~~ Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.

~~27.25.~~ Altering or falsifying ~~a license or~~ documents used or intended to be used to obtain for a obtain a course card or certificate.

~~28.26.~~ Operating an ambulance or EMS vehicle that is not licensed or authorized by the Board.

~~29.27.~~ Using or attempting to use as a valid license one that has been purchased, counterfeited materially altered, or obtained by fraud, deceit or misrepresentation.

~~30.28.~~ Transferring a license from one vehicle to another without the consent of the Board.

~~31.29.~~ Willfully making a false statement in an application for a license or renewal of a license, or in any activity or documents intended to be used to satisfy a requirement for licensure.

~~32.30.~~ Providing treatment or Emergency Medical Dispatch, at a level for which a person is not licensed or for which a service is not licensed or permitted.

~~33.31.~~ The practice of fraud ~~or,~~ deceit, misrepresentation, or the concealment of material facts in connection with service rendered within the scope of the license issued.

~~34.32.~~ ~~Habitual intemperance in the~~ Misuse of drugs, including alcohol, or other substances, the use of which has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.

~~35. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients or students.~~

- 4590 ~~36.33.~~ Aiding or abetting the practice of emergency medical treatment by a person not  
4591 duly licensed under 32 M.R.S.A., Chapter 2-B.
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- 4593 34. Delegation of practice, skills, treatment or educational instruction to a person who is  
4594 not licensed or qualified to perform said practice, skills or treatment.
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- 4596 37.35. Abandonment or neglect of a patient.
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- 4598 ~~Abandonment or neglect of a patient requiring emergency medical treatment.~~
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- 4600 38.36. Causing physical or emotional injury to a patient in violation of the applicable  
4601 standard of care.
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- 4603 39.37. Failing to safeguard the patient's dignity and right to privacy in providing services  
4604 regardless of race, creed, color, sexual orientation, gender or socio-economic status.
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- 4606 40.38. Sexual misconduct as defined in Chapter 14 of these Rules.
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- 4608 41.39. Providing instruction at a level for which a person is not licensed.
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- 4610 42.40. Providing instruction at a level for which a Training Center is not authorized or  
4611 licensed to provide.
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- 4613 43.41. Aiding or abetting the practice of instruction by a person not duly licensed as a  
4614 Maine EMS Instructor Coordinator, when a licensed Instructor Coordinator is  
4615 required.
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- 4617 44.42. Violating any of the requirements of the Training Center Standards.
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- 4619 43. Failure to provide program or course documentation when required or requested by  
4620 Maine EMS.
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- 4623 44. Inaccurate recording of material information, or information or falsifying or  
4624 improperly altering an emergency medical dispatch record.
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- 4626 45. Acting negligently or neglectfully in the provision of emergency medical dispatch  
4627 services to a caller or patient.
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- 4629 46. Acting negligently or neglectfully in conducting an Emergency Medical Dispatch  
4630 Center.
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- 4632
- 4633 Providing emergency medical treatment or emergency medical dispatch services  
4634 when not licensed to do so.

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A  
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE

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4636 ~~— Abandonment or neglect of a patient or caller requiring emergency medical dispatch~~  
4637 ~~services.~~

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4639 47. Aiding or abetting the practice of emergency medical dispatch services by a person  
4640 not duly licensed as a Maine EMS Emergency Medical Dispatcher

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4642 48. Failing to participate in Maine EMS approved quality assurance activities.

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4644 49. Failure to comply with continuing education requirements for license renewal.

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4647 AUTHORITY: 32 M.R.S.A.M.R.S., Chapter 2-B.

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4649 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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4651 AMENDED: April 1, 1982  
4652 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
4653 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
4654 11.1067

4655 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
4656 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
4657 September 1, 1986  
4658 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
4659 July 1, 1988  
4660 March 4, 1992  
4661 September 1, 1996

4662 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

4663 REPEALED AND REPLACED: July 1, 2000  
4664 July 1, 2003  
4665 May 1, 2013  
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4667 16 DEPARTMENT OF PUBLIC SAFETY

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4669 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

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4671 CHAPTER 12: PROCEDURES FOR LICENSING ACTIONS AND BOARD ACTIONS

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4674 §1. Disciplinary Actions

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4676 1. Investigation of Complaints

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4678 The Board, its subcommittee or staff shall investigate complaints in accordance with  
4679 32 M.R.S.A. § 90-A (1). ~~The investigating body may require that the complaint be~~  
4680 ~~submitted on complaint forms developed for that purpose and with supporting~~  
4681 ~~documentation in order to have sufficient information to evaluate the complaint~~  
4682 ~~The board or, as delegated, its staff, shall investigate a complaint on its own motion~~  
4683 ~~or upon receipt of a written complaint filed with the board regarding noncompliance~~  
4684 ~~with or violation of this chapter or of any rules adopted by the board. Investigation~~  
4685 ~~may include an informal conference before the board, its subcommittee or staff to~~  
4686 ~~determine whether grounds exist for suspension, revocation or denial of a license or~~  
4687 ~~for taking other disciplinary action pursuant to this chapter. The board, its~~  
4688 ~~subcommittee or staff may subpoena witnesses, records and documents, including~~  
4689 ~~records and documents maintained by a health care facility or other service~~  
4690 ~~organization or person related to the delivery of emergency medical services, in any~~  
4691 ~~investigation or hearing it conducts.~~

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4694 2. Notice of Complaints and Response

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4696 A. Notice

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4698 The Board, ~~its subcommittee~~ or staff shall notify an individual or organization of  
4699 the content of a complaint filed against the individual or organization not later  
4700 than ~~sixty-60~~ days after receipt of the initial pertinent information, in accordance  
4701 with 32 ~~M.R.S.A.~~M.R.S. § 90-A (2). Notice shall be in writing. Service of the  
4702 notice is complete upon mailing to the party, the party’s attorney, or upon in-hand  
4703 delivery to the party or the party’s office in accordance with 5 ~~M.R.S.A.~~M.R.S. §  
4704 8051 (2).

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4706 B. Response

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4708 If the licensee wishes to contest the complaint or dispute the information that  
4709 forms the basis of the complaint, the licensee must respond to the Board in  
4710 writing, ~~by certified mail, return receipt requested.~~ For this response to be  
4711 considered timely, it must be received by Maine EMS within thirty (30) days of

4712 receipt of the Board’s notice in accordance with 32 M.R.S. § 90-A (2). Service of  
 4713 the licensee’s response is complete when the Board or the Board’s Staff receives  
 4714 the response by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S.  
 4715 § 8051 (1).

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 4718 C. Additional Information

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 4720 The Board, its subcommittee or staff may request additional information from the  
 4721 licensee, ~~in support of any response received~~. If the licensee’s response to the  
 4722 complaint satisfies the Board, ~~its subcommittee~~ or staff that no further action is  
 4723 warranted on the complaint, the complaint may be dismissed. Notice of the  
 4724 dismissal must be sent to any complainants.  
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4726 D. Further Communications with Complainant

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 4728 The Board, its subcommittee or staff may provide the complainant with a copy of  
 4729 the licensee’s response or portions thereof, as the members or staff determines to  
 4730 be necessary to facilitate the investigation. The Board, subcommittee or staff may  
 4731 request additional information from the complainant in support of the original  
 4732 complaint or in response to the licensee’s response. The complainant must  
 4733 provide this additional information to the Board, subcommittee or staff within  
 4734 thirty (30) days of being requested to do so, or indicate why the information  
 4735 cannot be obtained within that time.  
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4737 E. Resolution of Complaints ~~w~~Without Discipline

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 4739 Upon the written information provided by the complainant, licensee and any  
 4740 others in support of the complaint and responses, ~~the Board, its subcommittee or~~  
 4741 ~~staff may take~~ any of the following actions, which do not constitute discipline,  
 4742 except as specifically indicated, may be taken:

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 4744 ~~1.2.~~The Board, its subcommittee or staff may ~~1~~ issue a letter of guidance or  
 4745 concern pursuant to 32 ~~M.R.S.A.~~M.R.S. § 88(4);

4746  
 4747 ~~2.3.~~The Board or staff may dismiss the complaint~~Refer the complaint and~~  
 4748 refer it to the Regional Medical Director for resolution to the extent that  
 4749 the complaint alleges conduct that relates solely to clinical practice issues.  
 4750 A complaint may be referred ~~to both~~to both to the Regional Medical  
 4751 Director for review of clinical practice issues and for further disciplinary  
 4752 procedures in accordance with these Rules, if ~~the complaint~~ alleges both  
 4753 clinical practice issues and issues appropriate for discipline by the Board;  
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4. ~~The Board or staff may D~~dismiss the complaint upon a finding that the complaint is factually unfounded or alleges conduct that is not a violation of EMS Rules or statutes;

~~3. Dismiss the complaint with a warning to the licensee if it finds all of the following:~~

~~(a) Misconduct subject to sanction under EMS Rules or statutes has occurred;~~

~~(b) The misconduct is minor;~~

~~(c) There is little or no injury to the public, the emergency medical services system or the profession; and~~

~~(d) There is little likelihood of repetition.~~

3. Informal Conferences

A. If, in the opinion of the Board, its subcommittee or staff, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the licensee may be requested to participate in an informal conference in accordance with 32 ~~M.R.S.A.~~M.R.S. § 90-A. The licensee shall be provided with at least seven days written notice of the conference and of the issues to be discussed, unless the licensee waives such right to notice or extraordinary circumstances warrant a shorter period of notice.

B. If, after ~~Informal Conference~~ the informal conference, the Board, subcommittee or staff determines that resolution without discipline is appropriate, the matter may be resolved by referral to the Regional Medical Director, a letter of guidance ~~or concern, or dismissal, or dismissal with warning,~~ as appropriate, and in accordance with EMS statutes and these Rules.

4. Sanctions

A. If, upon review of the written information provided by the complainant, licensee and any others in support of the complaint and responses, or after an ~~I~~informal ~~C~~conference, the Board, its subcommittee or staff determines that the complaint is ~~or may be~~ true, that a current or former licensee has violated Maine EMS statutes or Rules, and the violation is of sufficient gravity to warrant further action, any of the following may ~~be~~ occur:

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1. The Board, its subcommittee or staff may enter into a consent agreement with the licensee in accordance with 32 ~~M.R.S.A.~~M.R.S. §88(3)(E) and §90-A (4)(A). Any remedy, penalty or fine, or cost recovery that is otherwise available by law may be achieved by consent agreement, including long-term suspension and permanent revocation of a license.
  
  2. The Board, its subcommittee or staff may negotiate the voluntary surrender of a license by means of a consent agreement, in accordance with 32 ~~M.R.S.A.~~M.R.S. 90-A (4)(B).
- B. If the Board, its subcommittee or staff concludes that modification, nonrenewal, or suspension or other discipline within the Board’s authority pursuant to 32 ~~M.R.S.A.~~M.R.S. § 88(3) (civil penalty; warning censure or reprimand; probation; suspension of up to 90 days per violation) is in order, the process is as follows:
1. The board shall notify the licensee in writing of the licensee’s right to request an adjudicatory hearing ~~and~~concerning any proposed action of the Board.
  2. The licensee must file a written request for hearing within ~~twenty (20)~~thirty (30) days of receipt of the notice of opportunity for hearing. The request is considered filed when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1). —. The Board may extend this period for good cause shown.
  3. If the licensee makes a timely request for hearing, that hearing must be held by the Board in accordance with the Maine Administrative Procedure Act, Title 5, Chapter 375, Subchapter IV.
  4. Failure to make a timely request for hearing shall be a waiver of any right to hearing and may result in a hearing being held with no further notice to the licensee, or the proposed action of the Board becoming final without further hearing.
  5. If, after hearing, the Board concludes that the licensee committed one or more violations and imposes sanctions, this decision constitutes final agency action appealable pursuant to 32 ~~M.R.S.A.~~M.R.S. 90-A (4)(C) and the Maine Administrative Procedure Act, 5 M.R.S.A, Chapter 375, Subchapter VII.
- C. Except in the specific circumstances where 5 ~~M.R.S.A.~~M.R.S. § 10004, Action without hearing, may be invoked, if the Board, ~~its subcommittee~~ or staff concludes that suspension beyond the authority conferred by 32

~~M.R.S.A.M.R.S.~~ § 88 or revocation is in order, the Board ~~, its subcommittee~~ or staff may request the Attorney General to file a complaint in the District Court.

Time limits in these Rules may be modified as necessary to address emergency ~~license suspensions,~~ consistent with the Maine Administrative Procedure Act.

## §2. Initial License Applications

### 1. Issuance Subject to Letter of Guidance or Consent Agreement

A. A license may be issued in conjunction with a letter of guidance ~~or warning~~ pursuant to 32 ~~M.R.S.A.M.R.S.~~ §88(4). The purpose of the letter is to educate the applicant, reinforce knowledge regarding legal or professional obligations, and ~~or~~ express concern over action or inaction by the applicant that does not rise to the level of misconduct sufficient to merit ~~denial of the application or negotiation of a Consent Agreement.~~ disciplinary action.

B. A license may be issued subject to a consent agreement with the ~~applicant/licensee in applicant in accordance with 32 M.R.S. §88(3)(E) and 90-A (4)(A)~~ if the applicant has engaged in conduct actionable under Maine EMS statutes or Rules ~~, and~~ the terms of the consent agreement, in the opinion of the Board, subcommittee or staff, are adequate to protect the public health and safety ~~, and~~ to rehabilitate or educate the licensee

### 2. Denial

A. ~~Staff~~ The staff or a subcommittee of the Board ~~may~~ Board may deny an initial license application if done so in a written decision that reflects the reasons for the denial and informs the applicant of the right to appeal the decision to the Board.

B. A person or organization aggrieved by a ~~subcommittee or~~ staff decision to deny a license may appeal the decision to the Board for a final decision in accordance with 32 ~~M.R.S.A.M.R.S.~~ § 91-A.

C. If the applicant wishes to appeal the denial, the applicant must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the denial. Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).

D. The staff's ~~or subcommittee's~~ decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.

- 4888 E. The Board may, in its discretion, entertain additional evidence or argument  
 4889 from the parties, but need not conduct a full or formal adjudicatory hearing  
 4890 unless otherwise required by law.  
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 4892 F. The decision of the Board shall be in writing or stated on the record and contain  
 4893 or reflect the Board’s reasoning in a manner sufficient to inform the parties and  
 4894 the public, of the basis for the Board’s decision.  
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 4896 G. The Board’s decision constitutes final agency action, appealable to the Superior  
 4897 Court in accordance with the Maine Administrative Procedure Act, 5  
 4898 M.R.S.A.M.R.S. Chapter 375, Subchapter VII.  
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4900 **§3. Non-Disciplinary Refusal to Renew**

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 4902 The staff or a subcommittee of the Board may recommend to the Board that it refuse to renew a  
 4903 license. Before presenting the recommended decision to the Board for consideration, staff shall  
 4904 mail or hand-deliver to the applicant/licensee written notice of the recommended decision and  
 4905 the reasons therefore with notice of applicant/licensee’s right to request a hearing in accordance  
 4906 with the Administrative Procedure Act. Service is complete upon mailing to the  
 4907 applicant/licensee or the applicant/licensee’s attorney, or upon in-hand delivery to the recipient  
 4908 or the recipient’s office in accordance with 5 M.R.S. § 8051 (2). ~~Service of the notice of appeal~~  
 4909 ~~is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in~~  
 4910 ~~accordance with 5 M.R.S. § 8051 (1).~~ ~~Service is complete upon mailing or personal delivery.~~  
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- 4912 1. If the applicant/licensee wishes to request a hearing, the applicant/licensee must  
 4913 submit a written request for a hearing to the Board. The written request must be  
 4914 received by the Board within thirty (30) days of the applicant/licensee’s receipt of  
 4915 notice of the proposed decision/opportunity to request hearing. Service of request is  
 4916 complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in  
 4917 accordance with 5 M.R.S. § 8051 (1). Failure to submit a request within this period  
 4918 shall be deemed a waiver of the right to hearing, and the Board may adopt the  
 4919 recommended decision without further hearing.  
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4921 1.  
 4922 The decision of the Board shall be in writing or stated on the record and reflect  
 4923 the Board’s reasoning in a manner sufficient to inform the parties and the public  
 4924 of the basis for the Board’s decision.

4925 1.2. The Board’s decision constitutes final agency action, appealable to the Superior  
 4926 Court in accordance with the Maine Administrative Procedure Act, 5  
 4927 M.R.S.A.M.R.S. Chapter 375, Subchapter VII.  
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§4. Other Staff/Board Actions

1. A person or organization aggrieved by the decision of Maine EMS staff or a subcommittee of the ~~board~~ Board in taking any non-disciplinary action pursuant to the Board’s statutes and Rules, including ~~to waive~~waiving the application of any rule, or in interpreting statutes or Rules governing the EMS system, may appeal the decision to the Board for a final decision in accordance with 32 ~~M.R.S.A.~~M.R.S. §91-A.
- ~~2.~~ 2.3. In order to appeal such a decision, the person or organization must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant’s receipt of notice of the challenged decision. Service of the notice of appeal is complete when received by Maine EMS by mail, in-hand delivery, fax, or e-mail in accordance with 5 M.R.S. § 8051 (1).
- ~~3.4.~~ 3.4. The staff’s or subcommittee’s decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
- ~~4.5.~~ 4.5. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing.
- ~~5.6.~~ 5.6. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board’s reasoning in a manner sufficient to inform the parties and the public of the basis for the Board’s decision.
- ~~6.7.~~ 6.7. The Board’s decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 ~~M.R.S.A.~~M.R.S. Chapter 375, Subchapter VII.

AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982  
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067  
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
September 1, 1986  
August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
July 1, 1988

**4974** March 4, 1992  
**4975** September 1, 1996  
**4976** EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000  
**4977** REPEALED AND REPLACED: July 1, 2000  
**4978** July 1, 2003

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 13: WAIVER OF RULES

§1. Upon the request of an individual, organization or on the Board's own initiative, the Board may waive any of these Rules by a two-thirds majority vote of those present and voting and by no less than a majority of the appointed and currently serving members, if it determines that such a waiver would avert a significant injustice while preserving the public safety and the integrity of the statutory and regulatory components of the State's EMS system.

§2. When determining whether to waive a rule, the Board will consider a number of factors including, but not necessarily limited to, the following:

1. Whether the person or organization seeking the waiver took reasonable steps to ascertain the rule and comply with it;
2. Whether the person or organization seeking the waiver was given inaccurate information by an agent or employee of the State EMS program;
3. Whether the person or organization seeking the waiver, or any other individual or group, would be significantly injured or harmed if the rule were not waived;
4. Whether waiver of the rule in the particular case would pose a health or safety risk to the public at large or a particular individual or community; and
5. Whether waiver of the rule in the particular case would establish a precedent that would unduly hinder the Board or office of EMS in its administration of Maine's EMS system.

§3. A waiver is to be granted only under extraordinary circumstances. This means that the Board must find a number of the above factors weighing in favor of a waiver before it is granted.

§4. The Board shall notify any person requesting a waiver of its decision to grant or deny this request. The notice shall include a brief summary of the reasons for the Board's decision.

§5. Any decision by the Board to deny a waiver may be appealed by the person seeking the waiver, in the manner prescribed in Chapter 12 of the Rules.

AUTHORITY: 32 M.R.S.A., M.R.S., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

<b>5024</b>		
<b>5025</b>	AMENDED:	April 1, 1982
<b>5026</b>		December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
<b>5027</b>		January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
<b>5028</b>		11.1067
<b>5029</b>		April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
<b>5030</b>		January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
<b>5031</b>		September 1, 1986
<b>5032</b>		August 25, 1987 - Sec. 5, 6.011 and 12 (added)
<b>5033</b>		July 1, 1988
<b>5034</b>		March 4, 1992
<b>5035</b>		September 1, 1996
<b>5036</b>	EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000
<b>5037</b>	REPEALED AND REPLACED:	July 1, 2000
<b>5038</b>		July 1, 2003



## 5039 16 DEPARTMENT OF PUBLIC SAFETY

5040

## 5041 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

5042

## 5043 CHAPTER 14: SEXUAL MISCONDUCT

5044

## 5045 §1. Definitions

5046

5047 1. “EMS Provider” is an individual who is licensed or certified according to the  
 5048 provisions of 32 ~~M.R.S.A.~~M.R.S. §81 et seq. and the Maine EMS Rules.

5049

5050 2. ~~“EMS Provider’s~~Sexual misconduct” is behavior that exploits the EMS Provider-  
 5051 patient relationship in a sexual way. This behavior is non-diagnostic and/or non-  
 5052 therapeutic, may be verbal or physical, and may include expressions or gestures that  
 5053 have a sexual connotation or that a reasonable person would construe as such.  
 5054 Sexual misconduct is considered ~~incompetent professional practice and~~  
 5055 unprofessional conduct pursuant to 32 ~~M.R.S.A.~~M.R.S. ~~90-A.590-A(5).EF. and F.~~  
 5056 and Chapter 11 of the Maine EMS Rules. There are two levels of sexual  
 5057 misconduct: sexual violation and sexual impropriety. Behavior listed in either  
 5058 category may be the basis for disciplinary action.

5059

5060 3. “Sexual violation” is any conduct by a EMS ~~provider~~Provider with a patient that is  
 5061 sexual or may be reasonably interpreted as sexual, even when initiated by or  
 5062 consented to by a patient, including but not limited to:

5063

5064 A. Sexual intercourse, genital to genital contact;

5065

5066 B. Oral to genital contact;

5067

5068 C. Oral to anal contact or genital to anal contact;

5069

5070 D. Kissing in a sexual manner;

5071

5072 E. Any touching of a body part for any purpose other than appropriate  
 5073 examination or treatment.

5074

5075 F. Encouraging the patient to masturbate in the presence of the EMS  
 5076 ~~Provider~~provider or masturbation by the EMS ~~Provider~~provider while the  
 5077 patient is present; and,

5078

5079 G. Offering to provide practice-related services, such as drugs, in exchange for  
 5080 sexual favors.

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4. “Sexual impropriety” is behavior, gestures, or expressions by the EMS Provider that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:
  - A. Kissing;
  - B. Disrobing, draping practices or touching of the patient’s clothing that reflect a lack of respect for the patient’s privacy; deliberately watching a patient dress or undress, instead of providing privacy for disrobing;
  - C. Examination or touching of genitals without a reported, suspected or obvious injury;
  - D. Inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient’s body or underclothing; making sexualized or sexually demeaning comments to a patient, criticizing the patient’s sexual orientation, making comments about potential sexual performance during an examination or consultation, requesting details of sexual history or requesting information on sexual likes or dislikes;
  - E. Using the EMS ~~Provider~~patient relationship to solicit a date or initiate romantic relationship;
  - F. Initiation by the EMS ~~Provider~~ of conversation regarding the sexual problems, preferences, or fantasies of the EMS ~~Provider~~, the sexual preferences or fantasies of the patient, or sexual problems of the patient that are not relevant to emergency medical treatment.

§2. Sanctions

1. If the Board finds that a ~~licensee-EMS Provider~~ has engaged in sexual misconduct as defined in §1 of this chapter, the ~~licensee-EMS Provider~~ shall be disciplined in accordance with Maine statutes and these Rules.
  - A. All disciplinary sanctions under 32 M.R.S. ~~§ 88 and 90-A(3) and 32 M.R.S. § 90(A)(5) are applicable.~~
  - B. Sexual Violation – Finding of a sexual violation is egregious enough to warrant revocation of an EMS Provider’s license. The Board may, at times, find that mitigating circumstances do exist and may impose a lesser sanction.

- 5126 C. Sexual Impropriety – Finding of a sexual impropriety will result in harsh
- 5127 sanction, which may include license revocation.
- 5128
- 5129
- 5130
- 5131 2. Special consideration should be given to at least the following when determining an
- 5132 appropriate sanction for sexual misconduct:
- 5133
- 5134 A. Patient harm;
- 5135
- 5136 B. Severity of conduct;
- 5137
- 5138 C. Motive and intent of licensee;
- 5139
- 5140 D. Inappropriate termination of EMS ~~Provider~~provider-patient relationship;
- 5141
- 5142 E. Age of patient;
- 5143
- 5144 F. Physical and mental capacity of patient;
- 5145
- 5146 G. Frequency and duration of behavior;
- 5147
- 5148 H. Number of patients involved;
- 5149
- 5150 I. Evaluation/assessment results.
- 5151

5152

5153 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.

5154

5155 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

5156

5157 AMENDED: April 1, 1982

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5166 March 4, 1992

5167 September 1, 1996

5168 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

5169 REPEALED AND REPLACED: July 1, 2000

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5171

July 1, 2003  
October 1, 2009

5172 16 DEPARTMENT OF PUBLIC SAFETY

5173

5174 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

5175

5176 CHAPTER 15: MAINE EMS REGIONS AND REGIONAL COUNCILS

5177

5178 §1. Composition of Councils

5179

5180 A Regional Council shall, at least, provide adequate representation for ambulance and rescue  
5181 services, emergency physicians and nurses, each hospital and the general public. A Regional

5182 Council shall be structured to adequately represent each major geographical part of its region.

5183 Regional Councils will identify and publicize names of representatives and their constituencies

5184 in order that constituents are able to effectively communicate with their representatives.

5185

5186 §2. Regional Council Activities

5187

5188 1. Only one Regional Council shall be recognized in any region. Any organization  
5189 proposing to serve, as a Regional Council must state this intention in writing  
5190 delivered to Maine EMS no later than 120 days before the start of the fiscal year in  
5191 which the contract is to be written. The Board will select the organization which  
5192 best demonstrates an ability to carry out those functions specified in the service  
5193 contract for the upcoming fiscal year. The Board will then negotiate a price for  
5194 carrying out the service contract with the organization selected to be the Regional  
5195 Council. The Board may elect to enter into a ~~2-year~~2-year contract consistent with  
5196 the biennial budget process.

5197

5198 2. Regional Council activities specified in the service contract will include, but are not  
5199 limited to those activities listed in 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B, §89. By  
5200 December 31, following the year the contract was in effect, each Regional Council  
5201 will submit to Maine EMS a final report for the previous fiscal year detailing its  
5202 performance in carrying out the provisions of the service contract, and which  
5203 includes an independently prepared financial report. Maine EMS will use financial  
5204 reports for the purpose of monitoring the general activities of each Council and for  
5205 setting reasonable prices for future service contracts. Because Regional Councils  
5206 depend largely on Maine EMS for operational revenue, Maine EMS will endeavor  
5207 to maintain a schedule of payments to the Region that provides operational funds in  
5208 advance of the period in which the funds will be employed. Any regional personnel  
5209 handling the disbursement of its funds shall be bonded at a minimum of \$10,000.

5210

5211 §3. Designation of Regions

5212

5213 1. The Board shall delineate regions within the State in accordance with 32  
5214 ~~M.R.S.A.~~M.R.S. Chapter 2-B §89(1).

5215

5216

5217

- 5218 2. Service Affiliation with Regions  
 5219  
 5220 A. Services that respond only to cities, towns, townships, and territories within  
 5221 a single region will be affiliated with that region.  
 5222  
 5223 B. Services that respond to cities, towns, townships and territories in more than  
 5224 one region will be affiliated with the region as determined by the initial  
 5225 hospital destination of a simple majority of the patients treated by the service  
 5226 as defined in §3.1 of this chapter.  
 5227  
 5228 3. Changes to Service affiliation within Regional designations are made by Maine  
 5229 EMS when they are approved by the Board and published in a document distributed  
 5230 to all service chiefs. The Board will seek advice from the services and ~~regional~~  
 5231 ~~councils~~Regional Councils affected regarding any disruption of patient service or  
 5232 EMS system caused by ~~the proposed~~the proposed change in designation.  
 5233

5234 **§4. Medical Control and Delegation**  
 5235

- 5236 1. Regional Medical Directors acting within the provision of these Rules and 32  
 5237 ~~M.R.S.A.~~M.R.S. Chapter 2-B are agents of Maine EMS. Regional Medical  
 5238 Directors may designate, with the approval of Maine EMS, licensed and qualified  
 5239 physicians to serve as their assistants in carrying out these provisions. These  
 5240 assistants will similarly be considered agents of Maine EMS.  
 5241  
 5242 2. A Regional Medical Director may impose conditions upon a licensee's ability to  
 5243 practice in that Director's region with the licensee's consent. In all cases, the  
 5244 Regional Medical Director must inform Maine EMS of this action as soon as  
 5245 possible and forward to Maine EMS a copy of the executed agreement. If a  
 5246 Regional Medical Director wishes to take action to modify a licensee's ability to  
 5247 practice at his or her license level or modify approval to practice and the licensee  
 5248 does not consent to the modification, the Regional Medical Director will  
 5249 immediately inform Maine EMS.  
 5250

5251 AUTHORITY: 32 ~~M.R.S.A.~~M.R.S., Chapter 2-B.  
 5252  
 5253 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)  
 5254  
 5255 AMENDED: April 1, 1982  
 5256 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 5257 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
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 5261 September 1, 1986  
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 5263 July 1, 1988

**5264** March 4, 1992  
**5265** September 1, 1996  
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**5268** July 1, 2003  
**5269** October 1, 2009  
**5270** May 1, 2013  
**5271**

5272 16 DEPARTMENT OF PUBLIC SAFETY

5273

5274 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

5275

5276 CHAPTER 16: DEATH BENEFITS FOR EMERGENCY MEDICAL SERVICES  
5277 PERSONS WHO DIE IN THE LINE OF DUTY.

5278

5279 **Summary:** This chapter outlines the procedures governing the award of death benefits to the  
5280 child, spouse or parent of an emergency medical services person who dies while in the line of  
5281 duty.

5282

5283 §1. Definitions

5284

5285 1. “Child” means any natural born or unborn child, legally adopted child or stepchild  
5286 of an emergency medical services person who, at the time of the emergency medical  
5287 services person’s death, is:

5288

A. Conceived or less than 19 years of age;

5289

B. 19 or more years of age, but less than 25 years of age, and accepted for  
5290 admission or enrolled in a full-time postsecondary educational institution; or

5291

C. 19 or more years of age and is incapable of self-support because of a physical  
5292 or mental disability.

5293

5294 2. “Died while in the line of duty” means to cease to be alive or to sustain an injury or  
5295 illness that results in death as a result of the performance of an emergency medical  
5296 services person’s official duty.

5297

5298 3. “Director” means the Director of Maine Emergency Medical Services as defined in  
5299 32 ~~M.R.S.A.~~M.R.S. §83, sub-§10-A.

5300

5301 4. “Emergency medical services person” has the same meaning as in 20-A  
5302 ~~M.R.S.A.~~M.R.S. §12552, sub-§1-C.

5303

5304 5. “Official duty” means an action that an emergency medical services person is  
5305 authorized or obligated by law, rule, regulation or condition of employment or  
5306 service to perform.

5307

5308 6. “Parent” means the natural or adoptive mother or father, or the stepmother or  
5309 stepfather, whose parental rights have not been terminated and who contributed  
5310 significantly to the upbringing of an emergency medical services person.

5311

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5314



5315 7. “Spouse” means a person who is legally married to an emergency medical services  
5316 person at the time of the emergency medical services person’s death.

5317  
5318 8. “Under the influence” means under the influence of alcohol, a drug other than  
5319 alcohol, a combination of drugs or a combination of alcohol and drugs or having a  
5320 blood alcohol level of .08% or more.

5321  
5322 **§2. Death Benefit – Amount and Receipt**

5323  
5324 1. If the Director determines that an emergency medical services person died while in  
5325 the line of duty, the State shall pay a benefit of \$50,000 as follows:

5326  
5327 A. If there is no surviving child of the emergency medical services person, to the  
5328 surviving spouse;

5329  
5330 B. If there is a surviving child or children and a surviving spouse of the emergency  
5331 medical services person, 1/2 to the surviving child or children in equal shares  
5332 and 1/2 to the surviving spouse;

5333  
5334 C. If there is no surviving spouse of the emergency medical services person, to the  
5335 child or children in equal shares; or

5336  
5337 D. If there is no surviving child or spouse, to the parent or parents of the  
5338 emergency medical services person, in equal shares.

5339  
5340 **§3. Limitation on Benefit**

5341  
5342 1. Notwithstanding a determination by the Director that an emergency medical  
5343 services person died while in the line of duty, a benefit may not be paid:

5344  
5345 A. If the death or the injury or illness that resulted in the death was caused by the  
5346 intentional misconduct of the emergency medical services person or by the  
5347 emergency medical services person’s intention to bring about the death or the  
5348 injury or illness that resulted in the death;

5349  
5350 B. If the emergency medical services person was voluntarily under the influence at  
5351 the time of the death or the injury or illness that resulted in the death and being  
5352 under the influence was a substantial contributing factor in the death or the  
5353 injury or illness that resulted in the death;

5354  
5355 C. If the emergency medical services person was performing in a grossly negligent  
5356 manner at the time of the death or the injury or illness that resulted in the death;

5357 ~~or~~

5358

5359 D. To any person who would otherwise be entitled to a benefit pursuant to 25  
5360 M.R.S.A.M.R.S. c. 195-A and this chapter, if the person's actions were a  
5361 substantial contributing factor to the death of the emergency medical services  
5362 person. Or,  
5363

5364 E. If the potentially eligible child, spouse or parent dies prior to actual receipt of  
5365 this death benefit.  
5366

5367 **§4. Filing Request for Benefit**  
5368

5369 1. A person who is potentially eligible to receive these benefits, or a person authorized  
5370 to request benefits acting as an agent of a potentially eligible person, must forward a  
5371 written request to the Director for a State of Maine Application for Line of Duty  
5372 Death Benefit within 90 days of the emergency medical services person's death.  
5373 The 90 day period may be extended by the Director for good cause shown.  
5374

5375 2. Upon receipt of the written request for a State of Maine Application for Line of  
5376 Duty Death Benefit, the Director shall provide an application package and  
5377 questionnaire that must be completed and returned within 30 days of receipt by the  
5378 applicant. The 30 day period may be extended by the Director for good cause  
5379 shown.  
5380

5381 **§5. Determination of Eligibility for Benefit**  
5382

5383 1. Upon receipt of a completed State of Maine Application for Line of Duty Death  
5384 Benefit, the Director shall appoint a review panel consisting of at least three, but not  
5385 more than five, persons knowledgeable in the emergency medical services persons  
5386 person's official duties.  
5387

5388 2. The review panel shall convene to review the application, investigate the  
5389 circumstances surrounding the death and make a written recommendation to  
5390 approve or deny the application to the Director within 30 days. If the Director  
5391 determines that further investigation is necessary, the Director may extend the  
5392 review period.  
5393

5394 3. The Director, after review of the recommendation, shall make the determination to  
5395 approve or deny the application in a timely manner. The Director's determination is  
5396 the final agency decision.  
5397

5398 **§6. Interim Benefits**  
5399

5400 The Director may make interim benefits payments in accordance with and subject to the  
5401 limitations outlined in 25 M.R.S.A.M.R.S. §1612.  
5402

5403 §7. Appeal

5404

5405 An appeal of the final agency decision may be filed in accordance with the Administrative  
5406 Procedures Act, 5 ~~M.R.S.A.~~M.R.S. Chapter 375 Subchapter VII.

5407

5408 AUTHORITY: 32-25 M.R.S.A.M.R.S., Chapter ~~2-B~~195-A.

5409

5410 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

5411

5412 AMENDED: April 1, 1982

5413 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73

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5418 September 1, 1986

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5425 July 1, 2003

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL  
EMS RADIO FREQUENCIES

Maine EMS may accept other equipment or supplies that it judges to be equivalent to these listed, however, specific approval from Maine EMS must be obtained before such a substitution is made.

§1. Required Equipment List for Non-Transporting Services, Ground Ambulance Services, Transfer Air Ambulance Services and Scene Response Air Ambulance Services.

~~§1. Equipment list for Non-Transporting Services~~

1. Any Non-Transporting Service, Ground Ambulance Service, Transfer Air Ambulance Service or Scene Response Air Ambulance Service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.

~~1. A non transporting service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.~~

A. As of August 1, 2004, aAll medical equipment and medical supplies required in this section must be ~~natural rubber~~ latex free.

B. Each ground ambulance vehicle must carry the equipment and medical supplies listed in this chapter.

C. The EMT set of equipment is the minimum set of required equipment for a Ground Ambulance Service.

D. The EMR set of equipment is the minimum set of required equipment for a Non-Transporting Service.

E. If a ground ambulance service is licensed at the Advanced EMT or Paramedic level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.

CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL  
EMS RADIO FREQUENCIES

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F. If a ground ambulance service is permitted to a given level, it must possess at least one set of equipment and supplies required for that level pursuant to these Rules.

**§2. Airway management supplies**

<b><u>§2. Airway Management</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>					
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Airways, Nasal</u>	<u>20 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>22 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>24 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>26 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>28 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>30 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Nasal</u>	<u>32 French</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>40 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>50 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>60 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>70 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>80 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>90 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>100 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Airways, Oral</u>	<u>110 mm</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Aspirator, Bulb</u>	<u>Small</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Meconium Aspirator</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Bag Valve Mask</u> <sup>1</sup>	<u>Adult, Child, Infant</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Bougie</u>	<u>Adult &amp; Pediatric</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Continuous Positive Airway Pressure Device</u> <sup>2</sup>				<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Endotracheal Tube, 1 Set</u>	<u>Cuffed, 1 of Each Size</u>				<u>1</u>	<u>1</u>	<u>1</u>

<sup>1</sup> Automatic, pressure cycled resuscitators are not acceptable.

<sup>2</sup> CPAP Device Requirements: Full face mask, continuous flow device, capable of adjusting FiO2, Capable of regulating PEEP, Latex-free, and the ability to attach a nebulizer.

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	<u>(2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5)</u>						
<u>Gastric Tubes, One set</u>	<u>1 Of Each Size (5, 6, 8, 10, 12, 14, 18)</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Magill Forceps</u>	<u>Large &amp; Small</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Laryngoscope Handle</u>	<u>Large &amp; Small</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Laryngoscope Blades - Straight &amp; Curved</u>	<u>1 Each Size (0, 1, 2, 3, 4)</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Laryngoscope Blades - Curved</u>	<u>1 Each Size (1, 2, 3, 4)</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Lubricating Jelly</u>				<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<b><u>§2. Airway Management Continued</u></b>	<b><u>Required Quantities for Service License or Permit Level</u></b>						
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Nebulizers</u> <sup>3</sup>				<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Adult non-rebreather</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Adult Nasal Cannula</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Pediatric non-rebreather</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Pediatric Nasal Cannula</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oxygen Masks</u>	<u>Infant non-rebreather</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Stylet</u>	<u>Pediatric</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Suction Apparatus</u> <sup>4</sup>	<u>Manual</u>	<u>1</u>					
<u>Suction Catheter, Flexible, one set</u>	<u>Flexible all sizes (6, 8, 10, 12, 14) Fr</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Suction Catheter</u>	<u>Rigid Tip</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

<sup>3</sup> Suitable for use with adult and pediatric patients

<sup>4</sup> Portable unit to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters

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<u>Suction Device</u>	<u>Portable</u> <sup>5</sup>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Surgical Airway Set</u> <sup>6-7</sup>							
<u>Tracheostomy Tube</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Tracheal retractor</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Kelly Clamp</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>4" X 4" Sterile Sponges</u>					<u>6</u>	<u>6</u>	<u>6</u>
<u>#11 Scalpel Blade</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>Scalpel Blade Handle</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Sterile Surgical Gloves, Pair</u>					<u>2</u>	<u>2</u>	<u>2</u>
<u>10 mL Syringe</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>Transtracheal inflation tubing</u>					<u>1</u>	<u>1</u>	<u>1</u>
<u>14 ga. 2" IV Catheters</u>					<u>2</u>	<u>2</u>	<u>2</u>

<u>§2. Airway Management Continued</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Chest Decompression Set</u> <sup>8</sup>							
	<u>14 ga. 3.25" IV Catheters</u>				<u>2</u>	<u>2</u>	<u>2</u>
	<u>Surgical Antiseptic Swabs</u>				<u>4</u>	<u>4</u>	<u>4</u>
	<u>20 mL Syringe</u>				<u>2</u>	<u>2</u>	<u>2</u>
	<u>One-way Type Valve Assembly</u>				<u>2</u>	<u>2</u>	<u>2</u>
<u>One set of option "A" or option "B"</u>							
<u>Option A</u>							
<u>Periglottic devices, one set</u> <sup>9</sup>	<u>All Sizes (1, 1.5, 2, 2.5, 3, 4, 5)</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Option B</u>							
<u>Transglottic Device, one set</u> <sup>10</sup>	<u>All Sizes (0, 1, 2, 2.5, 3, 4, 5)</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

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<sup>5</sup> Capable to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle and be equipped with rigid pharyngeal suction tip and appropriate catheters. The unit must be electrically powered - capable of operating from its own (internal) battery.

<sup>6</sup> May be commercially prepared, but must contain items listed

<sup>7</sup> MDPB approved ~~erie~~percutaneous cricothyroidotomy kits only if they follow the method of piercing the cricothyroid membrane

<sup>8</sup> May be commercially prepared, but must contain items listed

<sup>9</sup> It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

<sup>10</sup> It is recommended to have NO MORE THAN one device per class (periglottic and transglottic).

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**§3. Diagnostic and Monitoring Equipment**

<b><u>§3 Diagnostic &amp; Monitoring</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>					
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Automatic External Defibrillator (AED)</u>		<u>1</u>	<u>1</u>				
<u>AED Pads</u>	<u>Adult</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>AED Pads</u>	<u>Pediatric</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Cardiac Monitor/Defibrillator capable of &amp; including:</u>							
<u>Pediatric and adult defibrillation</u>				<u>1</u>			
<u>Cardioversion</u>							
<u>Pacing</u>						<u>1</u>	
<u>Manually selectable joule settings</u>							
<u>12 Lead ECG Monitoring</u>				<u>1</u>			
<u>Paper strip ECG recordings</u>							
<u>ECG Electrodes</u>						<u>30</u>	
<u>Defibrillator Pads, Adult</u>						<u>2</u>	
<u>Defibrillator Pads, Pediatric</u>						<u>1</u>	
<b><u>§3 Diagnostic &amp; Monitoring continued</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>					
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Disaster Tags</u>		<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
<u>Doppler</u>						<u>1</u>	<u>1</u>
<u>End Tidal CO2 monitor</u>				<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>End Tidal CO2 Tubing/Adapters</u>	<u>Adult</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>End Tidal CO2 Tubing/Adapters</u>	<u>Pediatric &amp; Infant</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Glucometer</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Glucometer Test Strips</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Pulse Oximeter<sup>11</sup></u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Thermometer</u>	<u>Non-Glass</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Sphygmomanometer</u>	<u>Infant Size</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Sphygmomanometer</u>	<u>Child Size</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Sphygmomanometer</u>	<u>Adult Size</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Sphygmomanometer</u>	<u>Large Adult Size</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Stethoscope</u>	<u>Adult</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Stethoscope</u>	<u>Pediatric</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

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**§4. Dressing and bandages**

<sup>11</sup> Suitable for use with adult and pediatric patients



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<b><u>§4 Dressings &amp; Bandages</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>					
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Aluminum Foil</u> <sup>12</sup>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Adhesive Bandages</u>	<u>Assorted Sizes</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Bandages</u>	<u>Triangular</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Bandages</u> <sup>13</sup>	<u>Roller</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Burn Sheet</u>	<u>Sterile</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Universal Dressing</u>	<u>8" X 30" Minimum</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
<u>Surgical Dressings</u>	<u>Minimum 5" X 9"</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>		<u>4</u>
<u>Hemostatic Agent</u> <sup>14</sup>	<u>Rolled-Gauze Format</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		<u>1</u>
<b><u>§4 Dressings &amp; Bandages continued</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>					
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Obstetrical Kit</u>					<u>1</u>		
<u>Sterile Gloves, Pair</u>					<u>2</u>		
<u>Scalpel or Scissors</u>					<u>1</u>		
<u>Umbilical Cord Clamp</u>					<u>2</u>		
<u>Sterile Dressings</u>					<u>2</u>		
<u>Towel</u>					<u>1</u>		
<u>Small Bulb Aspirator</u>					<u>1</u>		
<u>Plastic Bag</u>					<u>1</u>		
<u>Receiving Blanket</u>					<u>1</u>		
<u>Trauma Shears</u>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Sterile Sponge</u>	<u>4" X 4"</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
<u>Adhesive Tape</u>	<u>Assorted Sizes</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

<sup>12</sup> Aluminum foil roll must be 18" by 25'. Acceptable Alternative - An occlusive dressing and a device for wrapping a newborn, such as a space blanket must be present.

<sup>13</sup> Roller Bandages must be, self-adhering 3 inches minimum width.

<sup>14</sup> Must support wound packing

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<u>Tourniquet</u> <sup>15</sup>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
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**§5. Fluids and medications**

<b>§5 Fluids &amp; Medications</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
<u>Drug Storage Container</u> <sup>16</sup>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Log Book</u>	<u>Drug Storage Container</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Saline, Sterile</u> <sup>17</sup>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Intraosseous Needles</u> <sup>18</sup>	<u>15 ga. Or equivalent</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Intravenous Administration Set</u>	<u>Macro-Drip</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Fluid</u>	<u>D5W</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>IV Fluid,</u>	<u>Volume Replacement</u>			<u>6000 mL</u>	<u>6000 mL</u>	<u>6000 mL</u>	<u>6000 mL</u>
<u>IV Needle Catheter</u> <sup>19</sup>	<u>Size 14</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<b>§5 Fluids &amp; Medications continued</b>		<b>Required Quantities for Service License or Permit Level</b>					
<b>Item</b>	<b>Description</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>	<b>Air Transfer Ambulance</b>	<b>Scene Response Air Ambulance</b>
<u>IV Needle Catheter</u>	<u>Size 16</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 18</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 20</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 22</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>IV Needle Catheter</u>	<u>Size 24</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Oral Glucose</u>	<u>Commercially Prepared</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Oxygen</u>	<u>"D" Cylinder (410 Liters)</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>See Chapter 4</u>	

<sup>15</sup> Must be a commercially manufactured device in its original packaging, be a minimum of one inch wide, be latex free, and use a windlass or mechanical advantage to tighten the device.

<sup>16</sup> As necessary to secure drugs in a manner consistent with Chapter 6 of these Rules.

<sup>17</sup> Unexpired, in commercially sealed container(s) must total no less than 500 ml, multiple smaller size containers are acceptable.

<sup>18</sup> Suitable for use with adult and pediatric patients

<sup>19</sup> All IV catheters are to be "over the needle" type catheters.

**CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL  
EMS RADIO FREQUENCIES**

<u>Mucosal Atomization Device</u>	<u>For IN medication administration</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Pump</u> <sup>20</sup>	<u>Intravenous</u>				<u>1</u>	<u>1</u>	<u>1</u>
<u>Administration Set</u>	<u>Intravenous</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Pressure Bag</u>	<u>IV</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

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**§6. Immobilization**

<b><u>§ 6. Immobilization</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>					
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Restraints, one set</u> <sup>21</sup>	<u>Soft</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Rigid Extrication Collar</u> <sup>22</sup>	<u>Adjustable to small, medium, and large</u>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Rigid Extrication Collar</u>	<u>Pediatric Size</u>		<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Immobilization Device</u>	<u>Head</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<b><u>§ 6. Immobilization continued</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>					
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMR</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
<u>Spinal immobilization Device</u>	<u>Long</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Spinal Immobilization device</u>	<u>Short</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Splint, Traction</u> <sup>23</sup>	<u>Adult Size</u>		<u>1</u>	<u>1</u>	<u>1</u>		<u>1</u>
<u>Splints, Padded Board</u> <sup>24</sup>	<u>3" X 36"</u>		<u>4</u>	<u>4</u>	<u>4</u>		<u>2</u>
<u>Splints, Padded Board</u>	<u>3" X 15"</u>		<u>4</u>	<u>4</u>	<u>4</u>		<u>2</u>

<sup>20</sup> Pump must be: FDA Approved, have a customizable drug library, use latex-free tubing, have needle-free tubing/ports, and have both an AC and battery power source.

<sup>21</sup> Commercially available

<sup>22</sup> Soft collars are not acceptable

<sup>23</sup> Pediatric size is recommended

<sup>24</sup> Similar splints such as cardboard, plastic, wire-ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36" and 15" boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length.

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**§7. Patient Comfort**

<u>§7. Patient Comfort</u>	<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Service</u>	<u>Scene Response Air Ambulance</u>
<u>Blankets</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Emesis Basins</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Pillows</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>		
<u>Sheets</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>		
<u>Towels</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>		

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**§8. Personal Protective & Safety Equipment**

<u>§8 Personal Protective &amp; Safety Equipment</u>		<u>Required Quantities for Service License or Permit Level</u>					
<u>Item</u>	<u>Description</u>	<u>EMR</u>	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>	<u>Air Transfer Ambulance</u>	<u>Scene Response Air Ambulance</u>
<u>Fire Extinguisher</u> <sup>25</sup>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>		
<u>Flashlight</u>		<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Gloves</u> <sup>26</sup>	<u>Non-latex</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
<u>Protective Goggles</u>	<u>Pair</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Gowns/Overalls</u> <sup>27</sup>		<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Masks</u>	<u>Pocket</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Masks</u>	<u>Surgical</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Sharps Container</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

<sup>25</sup> A-B-C or B-C five-pound size or larger, must be secured in vehicle, and professionally inspected on an annual basis

<sup>26</sup> Small, Medium, Large & Extra-Large Sizes

<sup>27</sup> Material and design to provide a protective barrier against contact with patient's body fluids.

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**§9. Transporting Equipment**

<b><u>§9. Transporting Equipment</u></b>		<b><u>Required Quantities for Service License or Permit Level</u></b>				
<b><u>Item</u></b>	<b><u>Description</u></b>	<b><u>EMT</u></b>	<b><u>AEMT</u></b>	<b><u>Paramedic</u></b>	<b><u>Air Transfer Ambulance</u></b>	<b><u>Scene Response Air Ambulance</u></b>
	<u>Sharps Container</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Stretcher</u> <sup>28</sup>	<u>Folding</u>	<u>1</u>	<u>1</u>	<u>1</u>		
	<u>Straps</u> <sup>29</sup>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
	<u>Ventilator</u> <sup>30</sup>				<u>1</u>	<u>1</u>
	<u>Reflective Safety Vest</u>	<u>2</u>	<u>2</u>	<u>2</u>		

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**A. The Equipment list for Non-Transporting Services follows:**

- ~~1. 4 Airways, Oral—One each of sizes: Large adult; adult; child; infant.~~
- ~~2. 4 Airways, Nasal—One each of sizes; Large adult; adult; child; infant.~~
- ~~3. 1 Aluminum foil—18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "space blanket".~~
- ~~4. 1 Aspirator, Small Bulb.~~
- ~~5. 1 Automatic External Defibrillator (AED)—Must be a semi-automatic defibrillator with 1 set of pediatric and 2 sets of adult defibrillator pads.~~

<sup>28</sup> Any of the following are acceptable: Stair chair, army D-ring stretcher, ambulance folding stretcher, scoop stretcher.

<sup>29</sup> 9' Length, 2" wide with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.

<sup>30</sup> Must have external continuous waveform end tidal Carbon Dioxide monitoring.

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- 5553 ~~6. **1 Bag Valve Mask, Adult**—Automatic, pressure-cycled~~  
5554 ~~resuscitators are not acceptable.~~
- 5555
- 5556 ~~7. **1 Bag Valve Mask, Child**~~
- 5557
- 5558 ~~8. **1 Bag Valve Mask, Infant**~~
- 5559
- 5560 ~~9. **6 Bandages, Roller**—self-adhering 3 inches minimum width.~~
- 5561
- 5562 ~~10. **4 Bandages, Triangular.**~~
- 5563
- 5564 ~~11. **Band aids**—Box of assorted sizes.~~
- 5565
- 5566 ~~12. **1 Blanket**~~
- 5567
- 5568 ~~13. **1 Burn sheet—Sterile.**~~
- 5569
- 5570 ~~14. **4 Collars, Extrication, Rigid**—Pediatric, small, medium and large~~  
5571 ~~sizes required. Soft Collars are not acceptable.~~
- 5572
- 5573 ~~15. **24 Disaster Tags**—Tag type must be Maine EMS approved.~~
- 5574
- 5575 ~~16. **6 Dressings, Surgical**—Minimum 5 inches by 9 inches.~~
- 5576
- 5577 ~~17. **2 Dressings, Universal**—8 inches by 30 inches minimum.~~
- 5578
- 5579 ~~18. **1 Flashlight**—Battery operated containing at least 2 "D-Cell"~~  
5580 ~~batteries or equivalent. Penlights not acceptable.~~
- 5581
- 5582 ~~19. **10 (Pair) Gloves**~~
- 5583
- 5584 ~~20. **1 Glucose Preparation**—Commercially packaged—for emergency~~  
5585 ~~medical administration.~~
- 5586
- 5587 ~~21. **2 (Pair) Goggles, Protective**~~
- 5588
- 5589 ~~22. **1 Head Immobilization Device**—Any device that may be attached~~  
5590 ~~to a long spinal immobilization device for the purpose of~~  
5591 ~~immobilizing the head and cervical spine.~~
- 5592
- 5593 ~~23. **1 Mask, Pocket**—With oxygen inlet and one-way valve.~~
- 5594
- 5595 ~~24. **4 Masks**—Surgical type.~~
- 5596

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- ~~25. **Oxygen, Portable**—At least one operable "D" cylinder, at a minimum 1500 psi, or its equivalent, equipped with a flow meter which will operate in all positions. Must have adult and child non-rebreather mask, adult nasal cannula, and infant mask.~~
- ~~26. **Saline, Sterile**—Commercially sealed container(s) must total no less than 500 ml and must not have passed expiration date.~~
- ~~27. **1 Shears, Trauma**~~
- ~~28. **Sphygmomanometers**—Adult, large adult, child, and infant sizes.~~
- ~~29. **1 Spinal Immobilization Device, Long**—Long spine board or similar device providing adequate spinal immobilization acceptable.~~
- ~~30. **4 Splints, Padded Board**—2 (3 inches by 36 inches) and 2 (3 inches by 15 inches). Similar splints such as cardboard, plastic, wire ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36-inch and 15-inch boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length.~~
- ~~31. **12 Sponges, Sterile**—4 inches by 4 inches.~~
- ~~32. **Stethoscopes**, 1—adult, 1—pediatric~~
- ~~33. **6 Straps**—9 feet in length; 2 inches minimum width; with buckles. Quick clip and other commercial straps are acceptable; however, at least three 9-foot straps are required.~~
- ~~34. **1 Suction apparatus**—Portable unit to provide pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.~~
- ~~35. **2 Tape, Adhesive, Roll**—At least 1-inch wide.~~
- ~~36. **1 Tourniquet**—Must be commercially prepared for hemorrhage control.~~
- ~~37. **2 Towels**—Medium size.~~
- ~~38. **2 Vests**, reflective.~~

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~~§2. — Equipment List for Ground Ambulance Services~~

~~1. — As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural rubber latex free.~~

~~A. — The Equipment list for Ground Ambulance Services follows:~~

- ~~1. — 4 Airways, Oral — One each of sizes: Large adult; adult; child; infant.~~
- ~~2. — 4 Airways, Nasal — One each of sizes; Large adult; adult; child; infant.~~
- ~~3. — 1 Aluminum foil — 18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".~~
- ~~4. — 1 Automatic External Defibrillator (AED) — Must be a semi-automatic defibrillator with 1 set of pediatric and 2 sets of adult defibrillator pads.~~
- ~~5. — 1 Bag Valve Mask, Adult — Automatic, pressure-cycled resuscitators are not acceptable.~~
- ~~6. — 1 Bag Valve Mask, Child~~
- ~~7. — 1 Bag Valve Mask, Infant~~
- ~~8. — 6 Bandages, Roller — self-adhering 3 inches minimum width.~~
- ~~9. — 4 Bandages Triangular~~
- ~~10. — Band aids — Box of assorted sizes.~~
- ~~11. — 2 Emesis basins — Alternative containers acceptable.~~
- ~~12. — 4 Blankets~~
- ~~13. — 2 Burn sheets — Sterile.~~
- ~~14. — 4 Collars, Extrication, Rigid — Pediatric, small, medium and large sizes required. — Soft Collars are not acceptable.~~
- ~~15. — 24 Disaster Tags — Tag type must be Maine EMS approved.~~



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5688 ~~16. 6 Dressings, Surgical—Minimum 5 inches by 9 inches.~~  
5689  
5690 ~~17. 4 Dressings, Universal—8 inches by 30 inches minimum.~~  
5691  
5692 ~~18. 1 Fire extinguisher—A-B-C or B-C rated. Five pound size~~  
5693 ~~equivalent or larger. Must be secured in vehicle. Professionally~~  
5694 ~~inspected on annual basis.~~  
5695  
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5697 ~~19. 2 Flashlights—Battery operated containing at least at least 2 "D-~~  
5698 ~~Cell" batteries or equivalent. Penlights are not acceptable. One~~  
5699 ~~flashlight must be in the patient compartment~~  
5700  
5701 ~~20. 10 (Pair) Gloves~~  
5702  
5703 ~~21. 1 Glucometer~~  
5704  
5705 ~~22. 2 Glucose Preparation—Commercially packaged—for emergency~~  
5706 ~~medical administration.~~  
5707  
5708 ~~23. 4 (Pair) Goggles, Protective~~  
5709  
5710 ~~24. 4 Gowns/Overalls—Of adequate material and design to provide a~~  
5711 ~~protective barrier against contact with patient's body fluids.~~  
5712  
5713 ~~25. 1 Head Immobilization Device—Any device, which may be~~  
5714 ~~attached to a long spinal immobilization device for the purpose of~~  
5715 ~~immobilizing the head and cervical spine.~~  
5716  
5717 ~~26. 1 Mask, Pocket—With oxygen inlet and one way valve.~~  
5718  
5719 ~~27. 4 Masks—Surgical type.~~  
5720  
5721 ~~28. 1 Obstetrical Kit—To contain sterile gloves, scalpel or scissors,~~  
5722 ~~umbilical clamps or tape, sterile dressings, towels, small bulb-~~  
5723 ~~aspirator, plastic bag, and receiving blanket. Kit must be sealed in~~  
5724 ~~plastic to prevent contamination.~~  
5725  
5726 ~~29. Oxygen—"M" (also known as "DEY") cylinder or equivalent~~  
5727 ~~number of other size tanks to achieve a minimum storage capacity~~  
5728 ~~of 3000 liters (@ 2000 psi pressure, 70 degree temperature). "E"~~  
5729 ~~cylinders hold 685 liters when full (2000 psi). "D" cylinders hold~~  
5730 ~~410 liters when full (2000 psi). A response available ambulance~~  
5731 ~~must carry, as a minimum, the volume of portable oxygen required~~

- 5732 below plus the equivalent of an "M" cylinder at no less than 500  
5733 psi. All cylinders must be adequately secured in vehicle.  
5734
- 5735 30. ~~Oxygen Masks~~—2 each: adult non-rebreather; adult nasal cannula;  
5736 pediatric non-rebreather; and, infant mask.  
5737
- 5738 31. ~~Oxygen, Portable~~—At least two operable "D" cylinders (410 liters  
5739 each), one of which indicates a minimum pressure of 1500 psi and  
5740 the other which indicates a minimum pressure of 500 psi. At least  
5741 one of the two required tanks shall be equipped with a flow meter  
5742 that will operate in all positions.  
5743
- 5744 32. ~~2 Pillows~~
- 5745
- 5746 33. ~~1 Pulse Oximeter~~
- 5747
- 5748 34. ~~Saline, Sterile~~—Commercially sealed container(s) must total no  
5749 less than 2000 ml and must not have passed expiration date.  
5750
- 5751 35. ~~1 Sharps Container~~—Must be secured.  
5752
- 5753 36. ~~2 Shears, Trauma~~
- 5754
- 5755 37. ~~4 Sheets~~
- 5756
- 5757 38. ~~Sphygmomanometers~~—Adult, large adult, child and infant sizes.  
5758
- 5759 39. ~~1 Spinal Immobilization Device, Long~~—Long spine board or  
5760 similar device providing adequate spinal immobilization  
5761 acceptable.  
5762
- 5763 40. ~~1 Spinal Immobilization Device, Short~~—short spine board or  
5764 similar device providing adequate spinal immobilization  
5765 acceptable.  
5766
- 5767 41. ~~4 Splints, Padded Board~~—2 (3 inches by 36 inches) and 2 (3  
5768 inches by 15 inches). Similar splints such as cardboard, plastic,  
5769 wire ladder, or canvas with rigid inserts of like length and width  
5770 may be carried in place of the 36 inch and 15 inch boards. Air  
5771 splints or vacuum splints may be carried in place of one of the  
5772 required padded board splints of each length.  
5773
- 5774 42. ~~1 Splint, Traction~~—Adult size. Additional pediatric  
5775 recommended.  
5776

- 5777 ~~43. 12 Sponges, Sterile—4 inches by 4 inches.~~
- 5778
- 5779 ~~44. Stethoscopes, 1 adult, 1 pediatric.~~
- 5780
- 5781 ~~45. 6 Straps—9 feet in length; 2 inches minimum width with buckles.~~
- 5782 ~~Quick-clip and other commercial straps are acceptable; however, at~~
- 5783 ~~least three 9-foot straps are required.~~
- 5784
- 5785 ~~46. Stretcher—as specified in Ch. 3§13(1)(E). All restraining straps~~
- 5786 ~~must be used during patient transport unless they interfere with~~
- 5787 ~~patient care, or a Child Protective Seat is in place~~
- 5788
- 5789 ~~47. 1 Stretcher, Folding—Any of the following are acceptable: stair~~
- 5790 ~~chair converting to full-length cot; army D-ring stretcher;~~
- 5791 ~~ambulance folding stretcher; scoop stretcher.~~
- 5792
- 5793 ~~48. 1 Suction device, Portable, capable to provide pharyngeal suction~~
- 5794 ~~of at least 11.8 inches mercury (300mm Hg) within 4 seconds after~~
- 5795 ~~the suction tube is clamped closed. Unit must have trap bottle, and~~
- 5796 ~~be equipped with rigid pharyngeal suction tip and appropriate~~
- 5797 ~~catheters. The unit must be electrically powered—capable of~~
- 5798 ~~operating from its own (internal) battery.~~
- 5799
- 5800 ~~49. 3 Tape, Adhesive—Assorted size rolls.~~
- 5801
- 5802 ~~50. Thermometer(s)—Non-glass fever type. Hyperthermic and~~
- 5803 ~~hypothermic ranges should be available.~~
- 5804
- 5805 ~~51. 1 Tourniquet—Must be commercially prepared for hemorrhage~~
- 5806 ~~control.~~
- 5807
- 5808 ~~52. 4 Towels cloth type.~~
- 5809
- 5810 ~~53. 2 Vests, reflective striping on crew member uniforms and~~
- 5811 ~~outerwear are acceptable if the reflective striping provides 360°~~
- 5812 ~~visibility.~~

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5814 ~~§3.—Equipment List For Scene Response Air Ambulances~~

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- 5816 ~~1.—As of August 1, 2004, all medical equipment and medical supplies required in this~~
- 5817 ~~section must be natural rubber latex free.~~
- 5818

5819 ~~A.—The Basic Life Support equipment list for scene response air~~

5820 ~~ambulances follows:~~

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- ~~1. 4 Airways, Oral—One each of sizes: Large adult; adult; child; infant.~~
  - ~~2. 4 Airways, Nasal—One each of sizes; Large adult; adult; child; infant.~~
  - ~~3. 1 Aluminum foil—18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".~~
  - ~~4. 1 Bag Valve Mask, Adult—Automatic, pressure-cycled resuscitators are not acceptable.~~
  - ~~5. 1 Bag Valve Mask, Child~~
  - ~~6. 1 Bag Valve Mask, Infant~~
  - ~~7. 6 Bandages, Roller—self-adhering 3 inches minimum width.~~
  - ~~8. 2 Emesis basins—Alternative containers acceptable.~~
  - ~~9. 2 Blankets or equivalent patient thermal covering.~~
  - ~~10. 2 Burn sheet—Sterile.~~
  - ~~11. 3 Collars, Extrication, Rigid—of which 2 must be adjustable to small, medium or large size, with the third being pediatric size. Soft Collars are not acceptable.~~
  - ~~12. 1 Doppler~~
  - ~~13. 3 Dressings, Surgical—Minimum 5 inches by 9 inches.~~
  - ~~14. 3 Dressings, Universal—8 inches by 30 inches minimum.~~
  - ~~15. 1 Fire Extinguisher—FAA approved A-B-C or B-C rated. Five pound size equivalent or larger. Must be secured in vehicle. Professionally inspected on annual basis~~
  - ~~16. 2 Flashlights—Battery operated containing at least 2 "D-Cell" size batteries or equivalent. Penlights not acceptable. One must be in the patient compartment.~~
  - ~~17. 10 (Pair) Gloves~~

- 5867 ~~18. 2 (Pair) Goggles, Protective~~
- 5868
- 5869 ~~19. 2 Gowns/Overalls—Of adequate material and design to provide a~~
- 5870 ~~protective barrier against contact with patient's body fluids.~~
- 5871
- 5872 ~~20. 1 Head Immobilization Device—Any device that may be attached~~
- 5873 ~~to a long spinal immobilization device for the purpose of~~
- 5874 ~~immobilizing the head and cervical spine.~~
- 5875
- 5876 ~~21. 1 Mask, Pocket—With oxygen inlet and one-way valve.~~
- 5877
- 5878 ~~22. 2 Masks—Surgical type.~~
- 5879
- 5880 ~~23. 1 Obstetrical Kit—To contain sterile gloves, scalpel or scissors,~~
- 5881 ~~umbilical clamps or tape, sterile dressings, towels, small bulb-~~
- 5882 ~~aspirator, plastic bag, and receiving blanket. Kit must be sealed in~~
- 5883 ~~plastic to prevent contamination.~~
- 5884
- 5885 ~~24. Oxygen System—Comprised of a portable "D" cylinder with~~
- 5886 ~~regulator and a craft mounted cylinder with regulator with a total~~
- 5887 ~~volume 2740 liters. Must have 2 each adult and child non-~~
- 5888 ~~rebreather masks, adult nasal cannulas, and (simple) infant masks.~~
- 5889
- 5890 ~~25. 2 Pillows~~
- 5891
- 5892 ~~26. 1 Pulse Oximeter~~
- 5893
- 5894 ~~27. Saline, Sterile—Commercially sealed container (s) must total no~~
- 5895 ~~less than 2000 ml and must not have passed expiration date.~~
- 5896
- 5897 ~~28. 2 Shears, Trauma~~
- 5898
- 5899 ~~29. 4 Sheets~~
- 5900
- 5901 ~~30. Sphygmomanometers—Adult, large adult, child and infant sizes.~~
- 5902
- 5903 ~~31. 1 Spinal Immobilization Device, Long—Long spine board or~~
- 5904 ~~similar device (such as a rigid flight litter) providing adequate~~
- 5905 ~~spinal immobilization acceptable.~~
- 5906
- 5907 ~~32. 1 Spinal Immobilization Device, Short—Short spine board, or~~
- 5908 ~~similar device providing adequate spinal immobilization is~~
- 5909 ~~acceptable.~~
- 5910
- 5911 ~~33. 2 Splints—any type—each being 24 inches in length.~~

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- ~~34. 1 Splint, Traction—Adult size.~~
- ~~35. 12 Sponges, Sterile—4 inches by 4 inches.~~
- ~~36. Stethoscopes 1 adult, 1 pediatric.~~
- ~~37. 3 Straps—9 feet in length; 1 ¾ inches minimum width with buckles. Quick clip and other commercial straps may substitute for 3 of the required 6 straps.~~
- ~~38. 1 multi-point strap system.~~
- ~~39. 1 Stretcher, Ambulance—With a minimum 3 inch foam pad and must have FAA approved latching mechanism to secure the stretcher during flight. Head must elevate.~~
- ~~40. 1 Suction Device—portable type—capable of providing pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.~~
- ~~41. 3 Tape, Adhesive—1 inch minimum width.~~
- ~~42. 1 Thermometer(s)—Non-glass fever type. Hyperthermic and hypothermic ranges should be available.~~
- ~~43. 4 Towels, cloth type.~~
- ~~44. 2 Vests, Reflective—reflective striping on crew member uniforms and outerwear are acceptable if the reflective striping provides 360° visibility.~~

~~B. The Advanced Life Support equipment list for scene response air ambulances follows:~~

- ~~1. 1 Cardiac Monitor/Defibrillator—Capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, 12 lead ECG monitoring, and paper strip ECG recordings. Must have one set of pediatric and two sets of adult monitor defibrillator pads.~~
- ~~2. 1 Drug Storage Container—Must be capable of securing ALS drugs in a manner that is consistent with Chapter 6 of these Rules.~~

CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL  
EMS RADIO FREQUENCIES

- 5957  
5958 ~~3. 1 each Endotracheal Tube, Cuffed— Sizes 5.0, 6.0, 7.0, 8.0.~~  
5959  
5960 ~~4. 1 each Endotracheal Tube, Uncuffed— Sizes 2.5, 3.0, 4.0.~~  
5961  
5962 ~~5. 1 End Tidal CO<sub>2</sub> Monitor—continuous waveform device.~~  
5963  
5964 ~~6. 1 Logbook, for the Drug Storage Container— Must meet the~~  
5965 ~~logbook requirements of Chapter 6 of the Rules.~~  
5966  
5967 ~~7. 1 Forceps, Magill, Large.~~  
5968  
5969 ~~8. 1 Forceps, Magill, Small.~~  
5970  
5971 ~~9. 1 Glucometer~~  
5972  
5973 ~~10. 2 Intraosseous Needles—15 ga. or equivalent~~  
5974  
5975 ~~11. 3 Intravenous (IV) Administration Set, Macro drip.~~  
5976  
5977 ~~12. 4 IV Fluid, Volume Replacement— to total 4000 ml.~~  
5978  
5979 ~~13. 2 IV Pressure bags~~  
5980  
5981 ~~14. 2 each IV Needle/Catheters— Sizes 14, 16, 18, 20, catheter over-~~  
5982 ~~the-needle type.~~  
5983  
5984 ~~15. Laryngoscope Blades— Sizes 0, 1, 2, 3, 4.~~  
5985  
5986 ~~16. 1 Laryngoscope Handle~~  
5987  
5988 ~~17. Periglottic Devices— sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic~~  
5989 ~~Devices— sizes 2, 2.5, 3, 4, 5.~~  
5990  
5991 ~~18. 1 Sharps Container— Must be specifically designed for needle~~  
5992 ~~disposal and be securely attached to prevent spillage.~~  
5993  
5994 ~~19. 1 each Stylet— Capable of use with ET tubes sizes 2.5 to 8.0.~~  
5995  
5996 ~~20. 1 Surgical Airway/Chest Decompression Set containing:~~  
5997  
5998 ~~(a) 1 each tracheostomy tube~~  
5999 ~~(b) 1 each tracheal retractor~~  
6000 ~~(c) 1 each Kelley clamp~~  
6001 ~~(d) 6 each sterile 4 inches by 4 inches sterile sponges~~

- 6002 ~~(e) 2 each #11 scalpel blades~~
- 6003 ~~(f) 1 each scalpel blade handle~~
- 6004 ~~(g) 2 each sterile surgical gloves~~
- 6005 ~~(h) 1 each 10 ml syringe~~
- 6006 ~~(i) 1 each transtracheal inflation tubing~~
- 6007 ~~(j) 2 each 14 ga. 2 inch IV catheters~~
- 6008 ~~(k) 2 each 14 ga. 3.25 inch IV catheters~~
- 6009 ~~(l) 4 each betadine swabs or any equivalent surgical antiseptic~~
- 6010 ~~(m) 2 each 20 ml syringes~~
- 6011 ~~(n) 2 each one way type valve assembly, or Maine EMS approved~~
- 6012 ~~equivalent.~~

~~21. 1 Ventilator with external continuous waveform end tidal Carbon  
Dioxide monitoring.~~

~~§4. — Equipment List for Transfer Air Ambulances~~

~~1. — As of August 1, 2004, all medical equipment and medical supplies required in this  
section must be natural rubber latex free.~~

~~A. — The equipment list for transfer air ambulances follows:~~

- ~~1. — 4 Airways, Oral~~
- ~~2. — 1 Bag Valve Mask, Adult~~
- ~~3. — 1 Bag Valve Mask, Child~~
- ~~4. — 1 Bag Valve Mask, Infant~~
- ~~5. — 4 Bandages, Roller~~
- ~~6. — 2 Blankets~~
- ~~7. — 1 Cardiac Monitor/ Defibrillator — Capable of pediatric and adult  
defibrillation and cardioversion, manually selectable joule settings,  
12 Lead ECG monitoring, and paper strip ECG recordings. Must  
have 1 set of pediatric and 2 sets of adult monitor defibrillator  
pads.~~
- ~~8. — 4 Dressings, Surgical~~
- ~~9. — 2 Dressing, Universal~~



CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL  
EMS RADIO FREQUENCIES

- 6046 ~~10. 1 Drug Storage Container—Must be capable of securing ALS~~  
6047 ~~drugs in a manner that is consistent with Chapter 6 of these Rules.~~  
6048  
6049 ~~11. 1 each Endotracheal Tube, Cuffed—Sizes 5.0, 6.0, 7.0, 8.0.~~  
6050  
6051 ~~12. 1 each Endotracheal Tube, Uncuffed—Sizes 2.5, 3.0, 4.0.~~  
6052  
6053 ~~13. 1 End Tidal CO<sub>2</sub> Monitor, continuous waveform device.~~  
6054  
6055 ~~14. 1 Glucometer~~  
6056  
6057 ~~15. 6 (Pair) Gloves~~  
6058  
6059 ~~16. 2 (Pair) Goggles, Protective~~  
6060  
6061 ~~17. 2 Gowns/Overalls~~  
6062  
6063 ~~18. 2 Intravenous (IV) Administration Set, Macro drip.~~  
6064  
6065 ~~19. 4 IV Fluid, Volume Replacement—to total 2000 ml.~~  
6066  
6067 ~~20. 2 each IV Needle/Catheters—Sizes 14, 16, 18, 20, catheter over-~~  
6068 ~~the needle type.~~  
6069  
6070 ~~21. Laryngoscope Blades, Sizes 0, 1, 2, 3, 4.~~  
6071  
6072 ~~22. 2 Laryngoscope Handles~~  
6073  
6074 ~~23. 1 Logbook, for the Drug Storage Container—Must meet the~~  
6075 ~~logbook requirements of Chapter 6 of the Rules.~~  
6076  
6077 ~~24. 4 Masks—Surgical type.~~  
6078  
6079 ~~25. 1 Obstetrical Kit~~  
6080  
6081 ~~26. Oxygen Equipment—2 E cylinders or equivalent; 2 flow meters; 1~~  
6082 ~~adult non-rebreather mask; 1 nasal cannula; and 1 pediatric non-~~  
6083 ~~rebreather mask.~~  
6084  
6085 ~~27. Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic~~  
6086 ~~Devices sizes 2, 2.5, 3, 4, 5.~~  
6087  
6088 ~~28. 1 Pillow~~  
6089  
6090 ~~29. 1 Pulse Oximeter~~

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- ~~30. Saline, Sterile—2000 ml total.~~
- ~~31. 1 Sharps Container~~
- ~~32. 1 Shears, Trauma~~
- ~~33. 2 Sheets——~~
- ~~34. Sphygmomanometers—Adult, large adult, pediatric and infant.~~
- ~~35. 4 Sponges, Sterile—4 inches by 4 inches.~~
- ~~36. Stethoscopes, 1 adult, 1 pediatric.~~
- ~~37. 1 Stretcher, Ambulance—With a minimum 3 inch foam pad and must have FAA approved latching mechanism to secure the stretcher during flight. Head must elevate.~~
- ~~38. 1 each Stylet—Capable of use with ET tubes sizes 2.5 to 8.0.~~
- ~~39. 1 Suction Device, portable type—capable of providing pharyngeal suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.~~
- ~~40. 1 Surgical Airway/Chest Decompression Set containing:~~
- ~~(a) 1 tracheostomy tube~~
  - ~~(b) 1 tracheal retractor~~
  - ~~(c) 1 Kelley clamp~~
  - ~~(d) 6 sterile 4 inches by 4 inches sterile sponges~~
  - ~~(e) 2 #11 scalpel blades~~
  - ~~(f) 1 scalpel blade handle~~
  - ~~(g) 2 pair, size 7 1/2 sterile surgical gloves~~
  - ~~(h) 1 10 ml syringe~~
  - ~~(i) 1 transtracheal inflation tubing~~
  - ~~(j) 2 14 ga. 2 inch IV catheters~~
  - ~~(k) 2 14 ga 3.25 inch IV catheters~~
  - ~~(l) 4 betadine swabs or any equivalent surgical antiseptic.~~
  - ~~(m) 2 20 ml syringes~~
  - ~~(n) 2 one way type valve assemblies, or Maine EMS approved equivalent.~~

6136 ~~41. 2 Tape, Adhesive, Roll—1 inch minimum width.~~

6137  
6138 ~~42. 2 Towels~~

6139  
6140 ~~§5. —Advanced Life Support Equipment List~~

6141  
6142 ~~1. —As of August 1, 2004, all medical equipment and medical supplies required in this~~  
6143 ~~section must be natural rubber latex free.~~

6144  
6145 ~~A. —The Advanced Life Support equipment list for the Advanced~~  
6146 ~~Emergency Medical Technician (AEMT) level follows:~~

6147  
6148 ~~1. —1 Cardiac Monitor/Defibrillator—Must be capable of pediatric~~  
6149 ~~and adult defibrillation and cardioversion, manually selectable~~  
6150 ~~joule settings, 12 Lead ECG monitoring, and paper strip~~  
6151 ~~recordings. Must have one set of pediatric and two sets of adult~~  
6152 ~~monitor defibrillator pads.~~

6153  
6154 ~~2. —1 End Tidal Carbon Dioxide Monitor, continuous waveform~~  
6155 ~~device.~~

6156  
6157 ~~3. —2 Intraosseous Needles—15 ga. or equivalent.~~

6158  
6159 ~~4. —3 Intravenous (IV) Administration Set, Macro drip.~~

6160  
6161 ~~5. —IV Administration Set, Microdrip—As needed for medicated~~  
6162 ~~drips, or otherwise locally required.~~

6163  
6164 ~~6. —6 —IV Fluid, Volume Replacement—Total of 6000 ml. Type(s) of~~  
6165 ~~fluids stocked (e.g. Normal Saline, Lactated Ringers) shall be in~~  
6166 ~~accordance with the Maine EMS Protocols.~~

6167  
6168 ~~7. —2 each IV Needle/Catheters—Sizes 14, 16, 18, 20,22 catheter~~  
6169 ~~over needle type.~~

6170  
6171 ~~8. —Periglottic Devices sizes 1, 1.5, 2, 2.5, 3, 4, 5 or, Transglottic~~  
6172 ~~Devices sizes 2, 2.5, 3, 4, 5.~~

6173  
6174 ~~9. —Phlebotomy equipment—Local/regional dictate.~~

6175  
6176 ~~10. 1 Sharps Container—Must be specifically designed for needle~~  
6177 ~~disposal and be securely attached to prevent spillage.~~

6178  
6179 ~~B. —The Advanced Life Support equipment list for the EMT—Critical Care~~  
6180 ~~level includes all of the equipment required at the Advanced Emergency~~

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**Medical Technician (AEMT) level with the addition of the following equipment:**

- ~~1. 1 Drug Storage Container— Must be capable of securing ALS drugs in a manner that is consistent with Chapter 6 of these Rules.~~
- ~~2. IV Fluid, D5W— As needed for medicated drips.~~
- ~~3. 1 each Endotracheal Tube, Cuffed— Sizes 5.0, 6.0, 7.0, 8.0~~
- ~~4. 1 each Endotracheal Tube, Uncuffed 0 Sizes 2.5, 3, 4.~~
- ~~5. 1 Forceps, McGill large~~
- ~~6. 1 Forceps, McGill small~~
- ~~7. Laryngoscope Blades— sizes 0, 1, 2, 3, 4~~
- ~~8. 1 Laryngoscope handle~~
- ~~9. 1 Logbook, for the Drug Storage Container— Must meet the logbook requirements of Chapter 6 of the Rules.~~
- ~~10. 1 each stylet capable of use with ET tubes sizes 2.5- 8~~

**C. The Advanced Life Support equipment list for the Paramedic level includes all of the equipment required at the EMT-Critical Care level with the addition of the following equipment:**

- ~~1. 1 Surgical Airway/Chest Decompression Set containing:
  - ~~(a) 1 tracheostomy tube~~
  - ~~(b) 1 tracheal retractor~~
  - ~~(c) 1 Kelley clamp~~
  - ~~(d) 6 sterile 4 inches by 4 inches sterile sponges~~
  - ~~(e) 2 #11 scalpel blades~~
  - ~~(f) 1 scalpel blade handle~~
  - ~~(g) 2 pair, sterile surgical gloves~~
  - ~~(h) 1 10 ml. syringe~~
  - ~~(i) 1 transtracheal inflation tubing~~
  - ~~(j) 214 ga. 2 inch IV catheters~~
  - ~~(k) 2 14 ga 3.25 inch IV catheters~~
  - ~~(l) 4 betadine swabs or any equivalent surgical antiseptic.~~
  - ~~(m) 2 20 ml. syringes~~~~

~~6225~~ (n) ~~2 one-way type valve assemblies, or Maine EMS approved~~  
~~6226~~ ~~equivalent.~~  
~~6227~~

~~6228~~  
~~6229~~ **§10. Regional Hospital Frequencies**

<del>6230</del>			
<del>6231</del>	Region 1	Southern Maine	155.325
<del>6232</del>			
<del>6233</del>	Region 2	Tri County	155.340
<del>6234</del>			
<del>6235</del>	Region 3	Kennebec Valley	155.400
<del>6236</del>			
<del>6237</del>	Region 4	Northeast	155.355
<del>6238</del>			
<del>6239</del>	Region 5	Aroostook	155.340
<del>6240</del>			
<del>6241</del>	Region 6	Mid-Coast	155.340
<del>6242</del>			
<del>6243</del>	"Statewide Net"		155.385
<del>6244</del>			(Maine EMS mobile-to-mobile)
<del>6245</del>			
<del>6246</del>	AUTHORITY:	32 <u>M.R.S.A.M.R.S.</u> , Chapter 2-B.	
<del>6247</del>			
<del>6248</del>	EFFECTIVE DATE:	July 3, 1978 (EMERGENCY)	
<del>6249</del>			
<del>6250</del>	AMENDED:	April 1, 1982	
<del>6251</del>		December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73	
<del>6252</del>		January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and	
<del>6253</del>	11.1067		
<del>6254</del>		April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11	
<del>6255</del>		January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103	
<del>6256</del>		September 1, 1986	
<del>6257</del>		August 25, 1987 - Sec. 5, 6.011 and 12 (added)	
<del>6258</del>		July 1, 1988	
<del>6259</del>		March 4, 1992	
<del>6260</del>		September 1, 1996	
<del>6261</del>	EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000	
<del>6262</del>	REPEALED AND REPLACED:	July 1, 2000	
<del>6263</del>		July 1, 2003	
<del>6264</del>		January 1, 2010	
<del>6265</del>		May 1, 2013	

6266 16 DEPARTMENT OF PUBLIC SAFETY

6267

6268 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

6269

6270 CHAPTER 18: QUALITY ASSURANCE AND IMPROVEMENT

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6272 §1. Definitions

6273

6274 1. *Emergency Medical Services (EMS) Quality Assurance Committee* means a quality  
6275 assurance committee approved by the Board or Maine EMS pursuant to 32

6276 M.R.S.A.-M.R.S. §92-A, including but not limited to service-level quality

6277 assurance committees.

6278

6279 2. *Maine EMS Quality Assurance and Improvement Committee* mean the standing  
6280 committee established by the Board pursuant to 32 M.R.S.A.-M.R.S. §88(2)(J).

6281

6282 3. *Quality Improvement Initiative* means review and assessment of Maine EMS system  
6283 data by Maine-EMS-approved quality assurance committees for the purpose of  
6284 improving patient care.

6285

6286 4. *Quality Improvement Marker* means a measurable standard within a Maine EMS  
6287 protocol established by an emergency medical services quality assurance committee.

6288

6289 §2. Maine EMS Quality Assurance and Improvement Committee

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6291 1. The Maine EMS Quality Assurance and Improvement Committee is authorized by  
6292 the Board to perform EMS system quality assurance and improvement, including,  
6293 but not limited to:

6294

A. Creating statewide quality improvement markers;

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B. Conducting Quality Improvement Initiatives, as approved by the Board;

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C. Receiving and interpreting results of quality marker reports;

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D. Responding, in concert with regional medical directors and regional  
6300 coordinators, to requests for assistance regarding local services' sub  
6301 regional quality assurance and improvement plans;

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E. Publishing and updating the Maine EMS Quality Assurance and  
6305 Improvement Manual;

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F. Leading or participating in state-based quality management education;  
6308 and,

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- G. Reviewing quality assurance and improvement management of Board-approved pilot projects when requested by the Board, the Medical Direction and Practices Board or the pilot project participant(s).

**§3. ~~Service-Level~~ Emergency Medical Services Quality Assurance Committees**

- 1. A ~~Maine EMS Board or Maine EMS~~-approved emergency medical services quality assurance committee ~~shall~~must participate in EMS quality assurance activities, including, but not limited to:
  - A. Gathering and submitting data as part of a Maine EMS Quality Assurance and Improvement Committee Quality Improvement Initiative; and,
  - B. Conducting a program of quality assurance and improvement in accordance with 32 M.R.S.A Chapter 2-B, and these Rules.

**§4. Emergency Medical Services Persons and EMS Services**

Licensed emergency medical services personnel and licensed EMS services shall participate in Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these Rules.

**§5. Emergency Medical Dispatchers and Emergency Medical Dispatch Centers**

Emergency Medical Dispatchers and Emergency Medical Dispatch Centers shall participate in Maine EMS quality assurance activities in accordance with 32 M.R.S.A Chapter 2-B and these Rules.

AUTHORITY: 32 ~~M.R.S.A~~M.R.S., §§84(1), 88(2)(J) & 92-A(1).

EFFECTIVE DATE: February 1, 2015

ADOPTED: December 3, 2014

6357 16 DEPARTMENT OF PUBLIC SAFETY

6358

6359 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE

6360 EMS) CHAPTER 19: Community Paramedicine

6361 §1. Definitions

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6371 §2. How to Apply

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1. “*Community Paramedicine*” means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice, and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician pursuant to 32 M.R.S. §84(4).
  
- §2. How to Apply
  1. To obtain a new or renewed Community Paramedicine designation an emergency medical services provider, including but not limited to an ambulance service or non-transporting emergency medical service, must apply to Maine EMS for approval. In order to obtain this designation, the provider must:
    - A. Apply on forms available from Maine EMS;
    - B. Provide a description of the intended Community Paramedicine plan to be approved by the Board or Maine EMS staff;
    - C. Have a quality assurance and quality improvement plan that directly addresses Community Paramedicine;
    - D. Identify a primary care medical director with whom it plans to work; and
    - E. Demonstrate to Maine EMS that it has designated an emergency medical services medical director.
  
  2. Once an application for a new or renewed Community Paramedicine designation has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the designation with 70 days.
  
  3. All designations will be issued with an expiration date of November 30.



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§3. Scope of Practice

1. A Maine EMS approved Community Paramedicine Provider may provide care consistent with its license level as described in these rules.

§4. Education Requirements

1. A Maine EMS approved Community Paramedicine Provider must ensure training of its staff in line with its proposed Community Paramedicine plan.

§5. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, a Maine-EMS approved Community Paramedicine Provider must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within twenty-four hours from the time it arrived at patient’s location.

AUTHORITY: 32 M.R.S. §§84(1) & 84(4).

EFFECTIVE DATE: August 26, 2019

ADOPTED: August 7, 2019